

INJURY HOSPITALISATIONS IN PUBLIC ACUTE HOSPITALS IN QUEENSLAND: A FIVE YEAR SNAPSHOT 2011/12–2015/16

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Enquiries: Associate Professor Kirsten Vallmuur k.vallmuur@qut.edu.au
Associate Professor Cliff Pollard cliff.pollard@health.qld.gov.au

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BACKGROUND

Injury has an enormous cost to the Queensland community being the leading cause of death in 1-44 year olds (1). Over 2200 Queenslanders died in 2015 as a result of an injury, the main causes of injury death being suicide, falls and transport crashes (2). Injury causes a substantial burden on the healthcare system, with almost half million injury hospitalisations in Australia each year (3), the top three main causes of hospitalisation being related to falls, transport crashes, and assaults (for men) and intentional self-harm (for women). Queensland has the second highest injury hospitalisation rate in Australia (with 2014 per 100,000 population) (4). Furthermore, injury is the leading cause of emergency department presentations, accounting for approximately 30% of all presentations, with an estimated 407,680 injury-related emergency presentations in Queensland alone in 2014/15 (5).

Recognising the significant burden injury has in the Queensland community, the Queensland Trauma Plan was developed between 2001 to 2006 (and launched in 2006) with funding from the Motor Accident Insurance Commission (MAIC) with the aim of coordinating trauma initiatives throughout the State to improve the treatment, management and outcomes of trauma. One of the key recommendations of the Queensland Trauma Plan was the establishment of a whole of government trauma data warehouse which included information on patients across all severity levels and the facilitation of data sharing agreements and data linkages between departments responsible for the emergency responses, treatment, rehabilitation and prevention of injury. Between 1998 to mid 2012, the Queensland Trauma Registry (QTR) collected trauma data for patients admitted for > 24 hours to a QTR facility, however since the cessation of the QTR there has not been a centralised detailed repository of coordinated trauma data.

Through the combined work of Queensland Health's Statewide Trauma Clinical Network (STCN), the Health Improvement Unit, the Statistical Services Branch, Metro North Hospital and Health Service, and with funding from MAIC and Queensland Health, work is currently underway to establish a Statewide Trauma Data Warehouse linking data across the trauma response, acute care, rehabilitation and prevention continuum. This project will take several years for fruition. In the meantime, to enable access to broad injury hospitalisation data, the Queensland Health Statistical Services Branch developed an Injury Hospitalisation Data Dashboard to assist the planning of the STCN and other interested stakeholders. This snapshot report is the first in a series of reports using the Injury Hospitalisation Data Dashboard. We welcome feedback and suggestions.

METHODOLOGY

The Injury Hospitalisation Data Dashboard compiles data from all Queensland public acute hospitals using the Queensland Hospital Admitted Patient Data Collection (QHAPDC) with the following data scope:

1. Data are for admitted patient episodes of care with separation date between 1 July 2010 and 30 June 2016 (not admission date)
2. Acute episode care types only.
3. Admitted for 24 hours or more OR death occurs within 24 hours of admission.
4. Excludes episodes with psychiatric stays.
5. Data limited to 0-14yrs with principal diagnosis of ICD10AM codes S00-S99, T00-T75, T78, OR 15+ yrs with principal diagnosis of ICD10AM codes S00-S99, T00-T35, T63, T66-T71, T75.
6. Injury code present on admission ('condition onset' = 1)
7. External Cause codes listed represent the first external cause code recorded for that episode of care.
8. Activity indicator, ICD-10-AM external cause codes exist for selected codes of:
 - Sports/Leisure - U50-U72
 - Work for income - U73.0
 - Home duties/education - U73.1
 - Other - U73.2-U73.9
 - No activity - Not U50-U73

9. HHS: Hospital and Health Service as at July 2014

The Injury Hospitalisation Data Dashboard enables selection of any combination of the following data fields:

- Single or multiple financial years between 1 July 2010 and 30 June 2016;
- All or select age groups (0-14 years, 15-34 years, 35-64 years, 65+ years);
- Both or either male and female;
- All or selected activities (Sports/leisure, Work for income, home duties/education, other, no activity).

Data are displayed to describe total number of episodes, patient days and average length of stay, number of episodes by time of admission and day of week, number of episodes by group and sex, episodes by discharge status, main category of episode (grouped as road trauma, falls, assault, other), top 20 principal diagnoses (by three character ICD-10-AM code, with average length of stay), top 20 external causes (by three character ICD-10-AM code, with average length of stay), and top 20 DRG's. The data for this report were current as of the 5 February 2017.

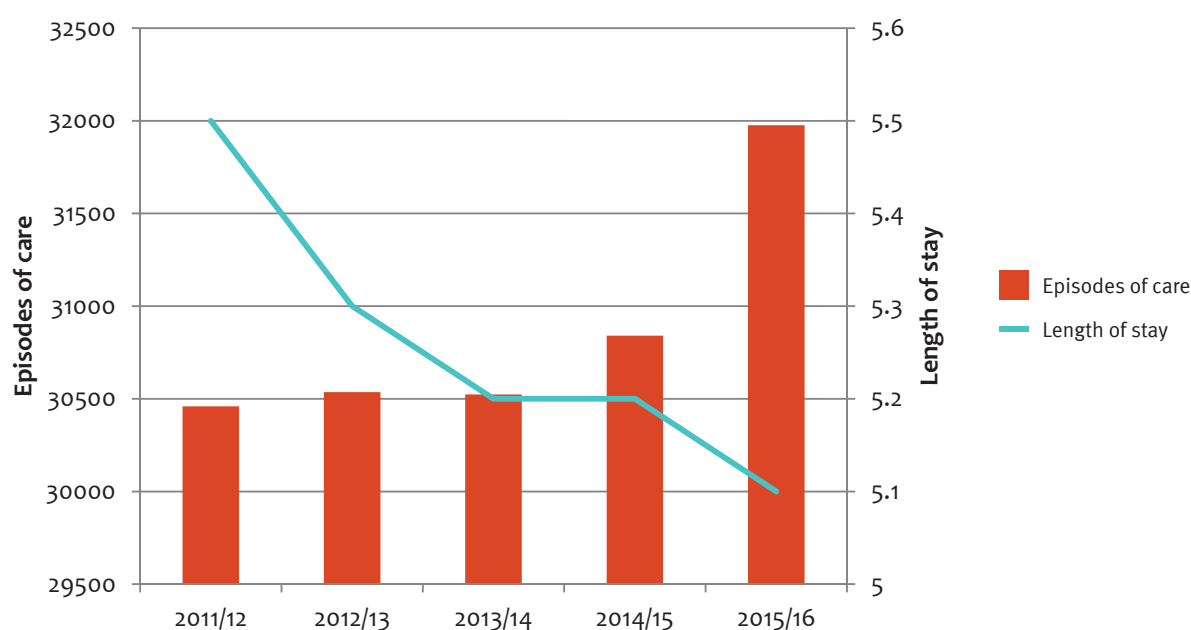
ACTIVITY AND TRENDS OVER TIME

Over the last five years, injury has accounted for over 154,000 episodes of care in Queensland public acute hospitals, resulting in 813,484 patient bed days, with an average length of stay of just over five days (See Table 1 and Figure 1). The annual number of episodes of care related to injury has risen from almost 30,500 in 2011/12 to almost 32,000 in 2015/16, though the average length of stay has dropped by almost half a day. There have been just under 2300 episodes that ended with death in Queensland public acute hospitals.

Table 1: Injury hospitalisations over time in Queensland public acute hospitals (2011/12-2015/16)

Activity/Outcome	2011/12	2012/13	2013/14	2014/15	2015/16	Total
Episodes of care	30,459	30,536	30,523	30,841	31,976	154,335
Patient days	168,751	161,912	158,339	160,073	164,409	813,484
Length of stay	5.5	5.3	5.2	5.2	5.1	5.3
Episodes ending with death	446	466	422	514	449	2297
Death percentage	1.46%	1.53%	1.38%	1.67%	1.40%	1.49%

Figure 1: : Episodes of care and length of stay for injury-related hospitalisations in Queensland public acute hospitals across all ages over time (2011/12-2015/16)

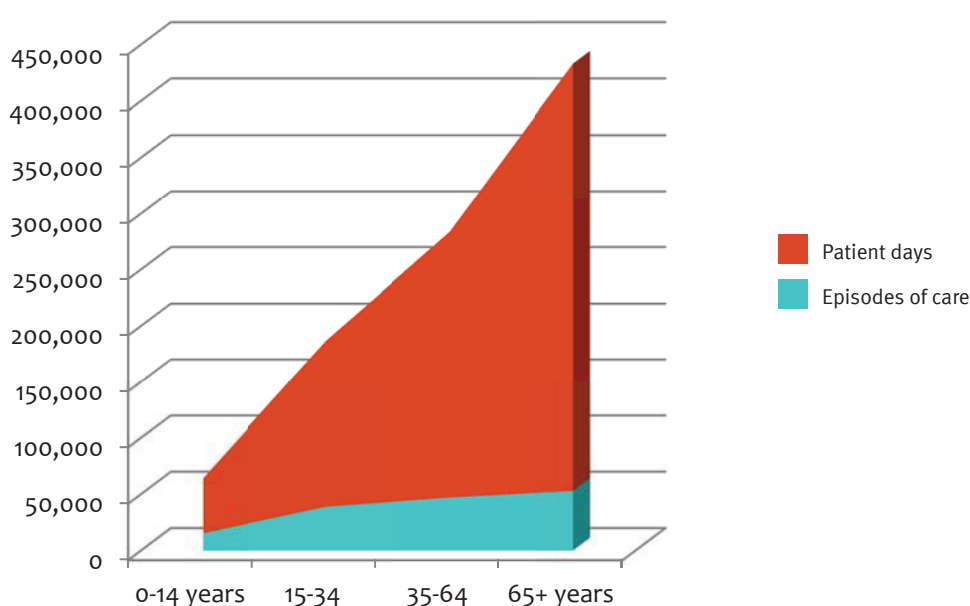


Examining injury hospitalisation activity by age groups, patients over 65 years of age account for over one-third of the episodes of care but almost half of the patient days, and two-thirds of the deaths in Queensland public acute hospital (as shown in Table 2 and Figure 2).

Table 2: Injury hospitalisations over time in Queensland public acute hospitals (2011/12-2015/16)

Activity/Outcome	0-14 years	15-34 years	35-64 years	65+ years	All ages
Episodes of care	15,342	38,936	47,097	52,960	154,335
Patient days	48863	147958	236584	380079	813484
Length of stay	3.2	3.8	5	7.2	5.3
Episodes ending with death	92	237	400	1568	2297
Death percentage	0.60%	0.61%	0.85%	2.96%	1.49%

Figure 2: Five year total injury hospitalisations episodes and patient days in Queensland public acute hospitals by age group (2011/12-2015/16)



Breaking these findings down further by gender, males accounted for 59% of the episodes of care and 55% of the patient days, though this wasn't consistent across age groups with females accounting for over 60% of episodes and patient days in those aged 65 years and older (See Table 3 and Figure 3 and 4).

Table 3: Male and female injury hospitalisations over time in Queensland public acute hospitals

Males	0-14 years	15-34 years	35-64 years	65+ years	All ages
Episodes of care	9,734	29,380	30,525	20,804	90,443
Patient days	31674	111045	156231	151587	450537
Length of stay	3.3	3.8	5.1	7.3	5
Episodes ending with death	58	169	291	794	1312
Death percentage	0.60%	0.58%	0.95%	3.82%	1.45%
Females	0-14 years	15-34 years	35-64 years	65+ years	All ages
Episodes of care	5,608	9,556	16,572	32,156	63,892
Patient days	17189	36913	80353	228492	362947
Length of stay	3.1	3.9	4.8	7.1	5.7
Episodes ending with death	34	68	109	774	985
Death percentage	0.61%	0.71%	0.66%	2.41%	1.54%

Figure 3: Five year total injury hospitalisations episodes and patient days in Queensland public acute hospitals by age group – Males (2011/12-2015/16)

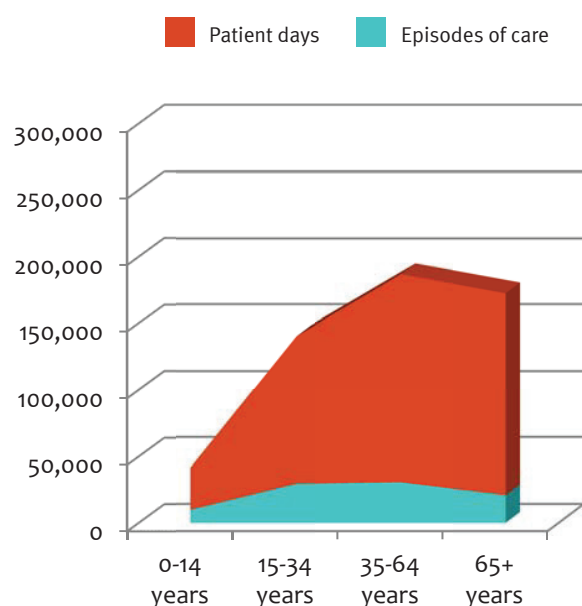
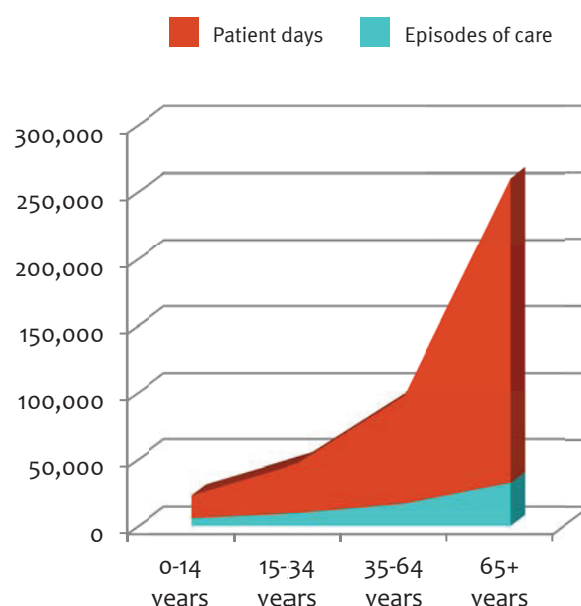


Figure 4: Five year total injury hospitalisations episodes and patient days in Queensland public acute hospitals by age group - Females (2011/12-2015/16)



INJURY DIAGNOSIS AND CAUSES OF INJURY – ALL AGES

The principal injury diagnoses over the five year period were femur fractures (accounting for 17,770 episodes of care), lower leg fractures (15,606 episodes of care) and forearm fractures (11,086 episodes of care) (See Table 4). This differed across males and females with the most common principal diagnosis for males being lower leg fractures, while for females the most common was femur fractures (See Table 5).

Table 4: Top 10 principal injury diagnoses in Queensland public acute hospitals over five year period (2011/12-2015/16)

Principal diagnosis	5 Year Total	Avg LOS
S72 Fracture of femur	17770	9.1
S82 Fracture of lower leg, including ankle	15606	5.7
S52 Fracture of forearm	11086	2.6
S06 Intracranial injury	9840	8.4
S42 Fracture of shoulder and upper arm	7679	4.5
S32 Fracture of lumbar spine and pelvis	7210	8.4
S22 Fracture of rib(s), sternum and thoracic spine	6375	6
S02 Fracture of skull and facial bones	6337	3.1
S62 Fracture at wrist and hand level	4928	2.1
S61 Open wound of wrist and hand	4492	2.8

Table 5: Male and female top 10 principal injury diagnoses in Queensland public acute hospitals over five year period (2011/12-2015/16)

Principal diagnosis - Males	5 Year Total	Avg LOS
S82 Fracture of lower leg, including ankle	8453	5.5
S72 Fracture of femur	6763	9.2
S06 Intracranial injury	6321	9
S52 Fracture of forearm	5646	2.5

Principal diagnosis - Males continued	5 Year Total	Avg LOS
S02 Fracture of skull and facial bones	4874	3
S22 Fracture of rib(s), sternum and thoracic spine	3944	5.8
S62 Fracture at wrist and hand level	3915	2
S42 Fracture of shoulder and upper arm	3682	3.9
S61 Open wound of wrist and hand	3251	2.8
S32 Fracture of lumbar spine and pelvis	3171	9
Principal diagnosis - Females	5 Year Total	Avg LOS
S72 Fracture of femur	11007	9
S82 Fracture of lower leg, including ankle	7153	6
S52 Fracture of forearm	5440	2.8
S32 Fracture of lumbar spine and pelvis	4039	7.9
S42 Fracture of shoulder and upper arm	3997	5
S06 Intracranial injury	3519	7.3
S22 Fracture of rib(s), sternum and thoracic spine	2431	6.3
S02 Fracture of skull and facial bones	1463	3.4
S01 Open wound of head	1429	3.3
S61 Open wound of wrist and hand	1241	3

The main external causes over the five year period were falls on the same level from slipping, tripping or stumbling (accounting for 20,291 episodes of care), other falls on the same level (16,346 episodes of care), and unspecified falls (10,884 episodes of care) (See Table 6). The top three external causes were consistent across males and females, however there were some differences in the other common causes between males and females (See Table 7).

Table 6: Top 10 external causes of injury in Queensland public acute hospitals over five year period (2011/12-2015/16)

Main external cause	5 Year Total	Avg LOS
W01 Fall on same level from slipping, tripping, stumbling	20291	6.4
W18 Other fall on same level	16346	6.6
W19 Unspecified fall	10884	6.6
W10 Fall on and from stairs and steps	5280	5.9
X59 Exposure to unspecified factor	4897	3.8
X50 Overexertion and strenuous or repetitive movement	4679	2.9
V28 Motorcycle rider injured in noncollision transport accident	4650	4.8
Y04 Assault by bodily force	4596	3.1
W17 Other fall from one level to another	2774	4.8
W25 Contact with sharp glass	2719	2.3

Table 7: Male and female top 10 external causes of injury in Queensland public acute hospitals over five year period (2011/12-2015/16)

Main external cause – Male	5 Year Total	Avg LOS
W01 Fall on same level from slipping, tripping, stumbling	6895	6.5
W18 Other fall on same level	6351	6.4
W19 Unspecified fall	4338	6.6
V28 Motorcycle rider injured in noncollision transport accident	4226	4.8

Main external cause – Male continued	5 Year Total	Avg LOS
Y04 Assault by bodily force	3611	3
X59 Exposure to unspecified factor	2960	3.2
X50 Overexertion and strenuous or repetitive movement	2576	2.5
W29 Contact with other powered hand tool and household machinery	2197	2.6
W10 Fall on and from stairs and steps	2072	6.3
W25 Contact with sharp glass	2041	2.3
Main external cause – Female	5 Year Total	Avg LOS
W01 Fall on same level from slipping, tripping, stumbling	13396	6.3
W18 Other fall on same level	9995	6.8
W19 Unspecified fall	6546	6.7
W10 Fall on and from stairs and steps	3208	5.7
X50 Overexertion and strenuous or repetitive movement	2103	3.5
X59 Exposure to unspecified factor	1937	4.6
W06 Fall involving bed	1452	6.2
V43 Car occupant injured in collision with car, pickup truck or van	1330	7.3
V80 Animal rider or occupant of animal drawn vehicle	1213	4.3
W07 Fall involving chair	1069	6.4

Examining injury causes by age group, falls were one of the major specific cause group for all ages other than 15-34 year olds (where road trauma was the major specific cause group) (See Figure 5). In Queensland public acute hospitals during 2011/12-2015/16, road trauma caused 23% of 15-34 year old injury hospitalisations and almost 19% of injury hospitalisations in 35-64 years olds, and assault contributed to 11.1% of 15-34 year old injury hospitalisations and 6.6% of injury hospitalisations in 35-64 years olds. There were also differences between males and females across age groups (See Figure 6 and 7).

Figure 5: Major causes of injury hospitalisation in Queensland public acute hospitals across age groups (2011/12-2015/16)

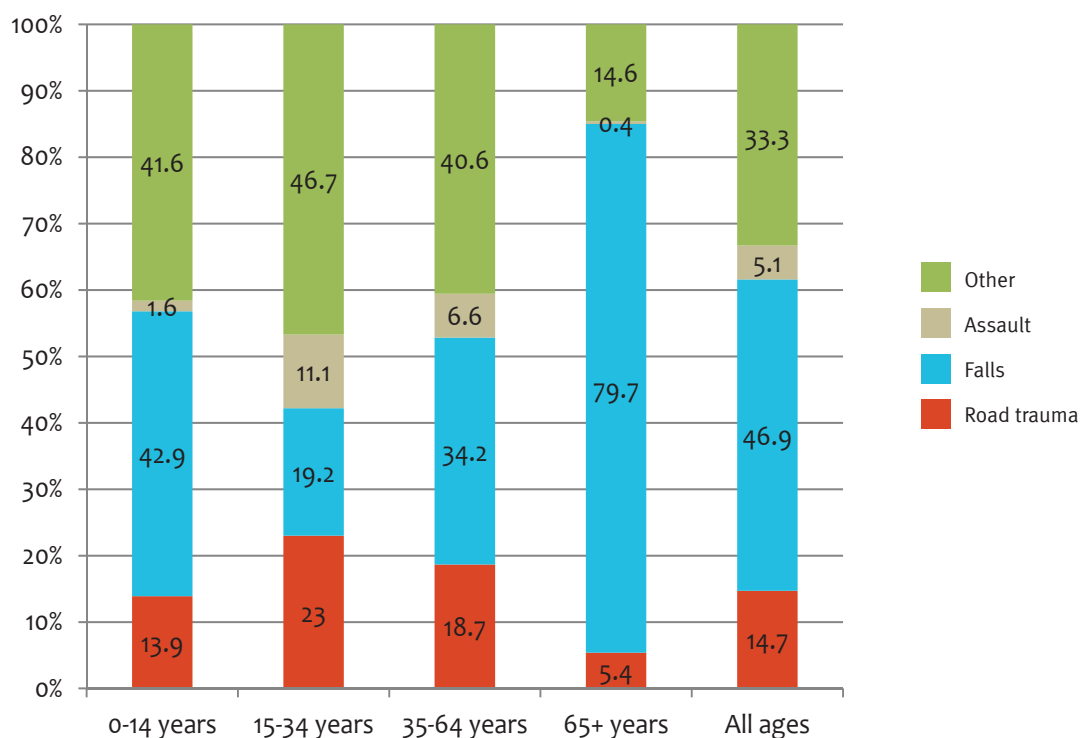


Figure 6: Major causes of injury hospitalisation in Queensland public acute hospitals across age groups - Males (2011/12-2015/16)

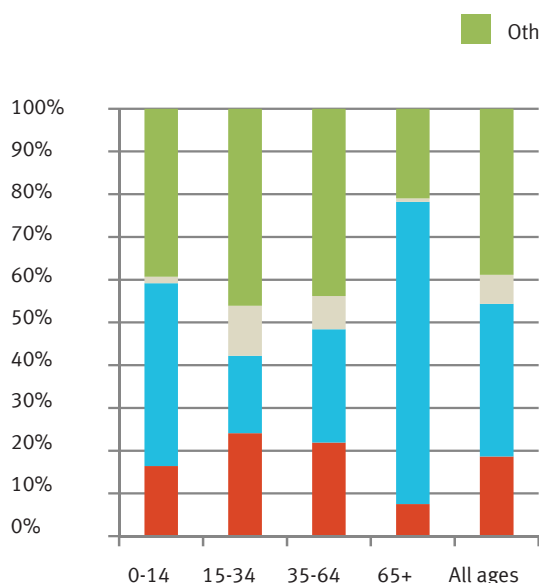
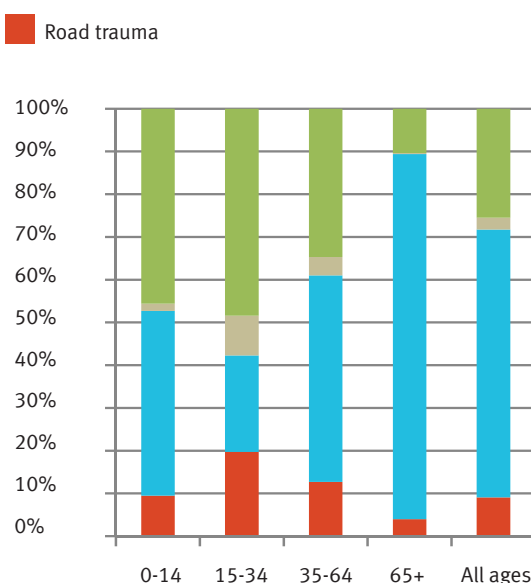


Figure 7: Major causes of injury hospitalisation in Queensland public acute hospitals across age groups - Females (2011/12-2015/16)



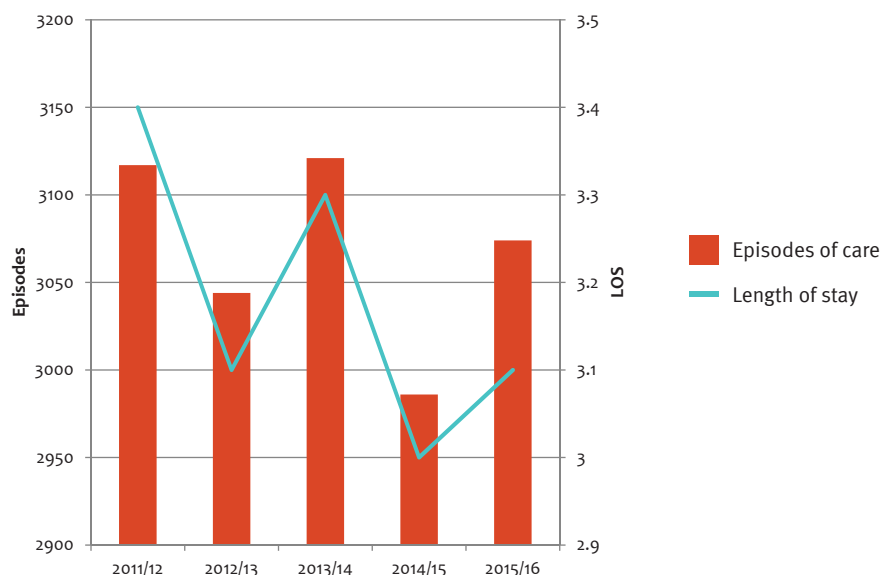
INJURY HOSPITALISATIONS FOR CHILDREN AGED 0-14 YEARS

Over the last five years, injury has accounted for over 15,000 episodes of care for children in Queensland public acute hospitals, resulting in 48,863 patient bed days, with an average length of stay of just over three days (See Table 8 and Figure 8). The annual number of episodes of care related to child injury has remained fairly constant over the five year period. There have been 92 episodes that ended with child deaths in Queensland public acute hospitals over the five year period.

Table 8: Child injury hospitalisations in Queensland public acute hospitals over time (2011/12-2015/16)

Activity/Outcome	2011/12	2012/13	2013/14	2014/15	2015/16	Total
Episodes of care	3117	3044	3121	2986	3074	15,342
Patient days	10587	9410	10275	9100	9491	48863
Length of stay	3.4	3.1	3.3	3	3.1	3.2
Episodes ending with death	20	23	15	19	15	92
Death percentage	0.64%	0.76%	0.48%	0.64%	0.49%	0.60%

Figure 8: Episodes of care and length of stay for injury-related hospitalisations in Queensland public acute hospitals for children 0-14 years over time (2011/12-2015/16)



The principal injury diagnoses over the five year period for children were forearm fractures (accounting for 2,853 episodes of care), shoulder/upper arm fractures (1,577 episodes of care) and lower leg fractures (1,332 episodes of care) (See Table 9).

Table 9: Top 10 principal injury diagnoses in Queensland public acute hospitals over five year period for children (2011/12-2015/16)

Principal diagnosis	5 Year Total	Avg LOS
S52 Fracture of forearm	2853	1.7
S42 Fracture of shoulder and upper arm	1577	1.8
S82 Fracture of lower leg, including ankle	1332	2.6
S72 Fracture of femur	888	5.9
S06 Intracranial injury	867	6.2
S02 Fracture of skull and facial bones	643	3
S01 Open wound of head	509	2.2
S91 Open wound of ankle and foot	350	2.4
S62 Fracture at wrist and hand level	343	1.7
S61 Open wound of wrist and hand	306	2.1

The main external causes over the five year period for children were falls from playground equipment (accounting for 1,596 episodes of care), falls involving pedestrian conveyances (such as ice-skates, roller-skates, skateboards, scooters) (829 episodes of care), and falls from slipping, tripping or stumbling (671 episodes of care) (See Table 10).

Table 10: Top 10 external causes of injury in Queensland public acute hospitals over five year period for children (2011/12-2015/16)

Main external cause	5 Year Total	Avg LOS
W09 Fall involving playground equipment	1596	2.1
W02 Fall involving ice-skates, roller-skates, skateboards, scooters etc	829	2.5
W01 Fall on same level from slipping, tripping, stumbling	671	2.6
W18 Other fall on same level	587	2.2
V18 Pedal cyclist injured in non-collision transport accident	523	2.7
W17 Other fall from one level to another	511	2.7
X59 Exposure to unspecified factor	493	2.8
W03 Other fall on same level due to collision with/push by other person	454	2.4
W54 Bitten or struck by dog	416	2.6
V28 Motorcycle rider injured in noncollision transport accident	390	3.6

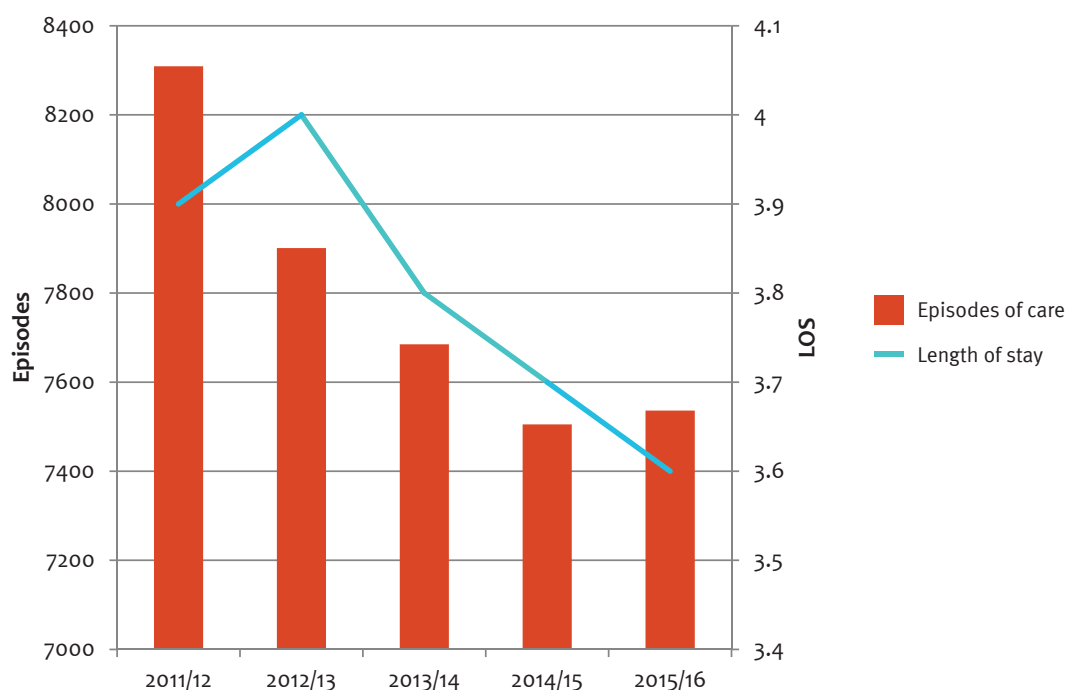
INJURY HOSPITALISATIONS FOR YOUNG ADULTS AGED 15-34 YEARS

Over the last five years, injury has accounted for almost 39,000 episodes of care for young adults in Queensland public acute hospitals, resulting in 147,958 patient bed days, with an average length of stay of almost four days (See Table 11 and Figure 9). The annual number of episodes of care related to injuries in young adults has reduced from around 8300 episodes in 2011/12 down to just over 7500 episodes in 2015/16. There have been 237 episodes that ended with young adult deaths in Queensland public acute hospitals over the five year period.

Table 11: Young adult injury hospitalisations in Queensland public acute hospitals over time (2011/12-2015/16)

Activity/Outcome	2011/12	2012/13	2013/14	2014/15	2015/16	Total
Episodes of care	8309	7901	7685	7505	7536	38,936
Patient days	32621	31490	29078	27417	27352	147958
Length of stay	3.9	4	3.8	3.7	3.6	3.8
Episodes ending with death	58	57	35	53	34	237
Death percentage	0.70%	0.72%	0.46%	0.71%	0.45%	0.61%

Figure 9: Episodes of care and length of stay for injury-related hospitalisations in Queensland public acute hospitals for young adults 15-34 years over time (2011/12-2015/16)



The principal injury diagnoses over the five year period for young adults were lower leg fractures (accounting for 4,684 episodes of care), skull/facial fractures (3,226 episodes of care) and forearm fractures (2,512 episodes of care) (See Table 12).

Table 12: Top 10 principal injury diagnoses in Queensland public acute hospitals over five year period for young adults (2011/12-2015/16)

Principal diagnosis	5 Year Total	Avg LOS
S82 Fracture of lower leg, including ankle	4684	4.3
S02 Fracture of skull and facial bones	3226	2.6
S52 Fracture of forearm	2512	2.3
S62 Fracture at wrist and hand level	2202	1.8
S06 Intracranial injury	2109	9.6
S83 Dislocation, sprain and strain of joints/ligaments of knee	1824	1.3
S61 Open wound of wrist and hand	1758	2.5
S66 Injury of muscle and tendon at wrist and hand level	1577	2
S42 Fracture of shoulder and upper arm	1213	2.7
S92 Fracture of foot, except ankle	976	4

The main external causes over the five year period for young adults was assault by bodily force (accounting for 2,680 episodes of care), noncollision motorcycle crashes (2,224 episodes of care), and overexertion-related mechanisms (1,741 episodes of care) (See Table 13).

Table 13: Top 10 external causes of injury in Queensland public acute hospitals over five year period for young adults (2011/12-2015/16)

Main external cause	5 Year Total	Avg LOS
Y04 Assault by bodily force	2680	2.7
V28 Motorcycle rider injured in noncollision transport accident	2224	4.3
X50 Overexertion and strenuous or repetitive movement	1741	1.8
W25 Contact with sharp glass	1717	2.2
X59 Exposure to unspecified factor	1496	1.7
W03 Other fall on same level due to collision with/push by other person	1261	2.5
W26 Contact with knife, sword or dagger/other sharp objects	1043	2.2
W01 Fall on same level from slipping, tripping, stumbling	1014	2.8
V48 Car occupant injured in noncollision transport accident	1012	7
W50 Hit, struck, kicked, twisted, bitten or scratched by another person	965	2.5

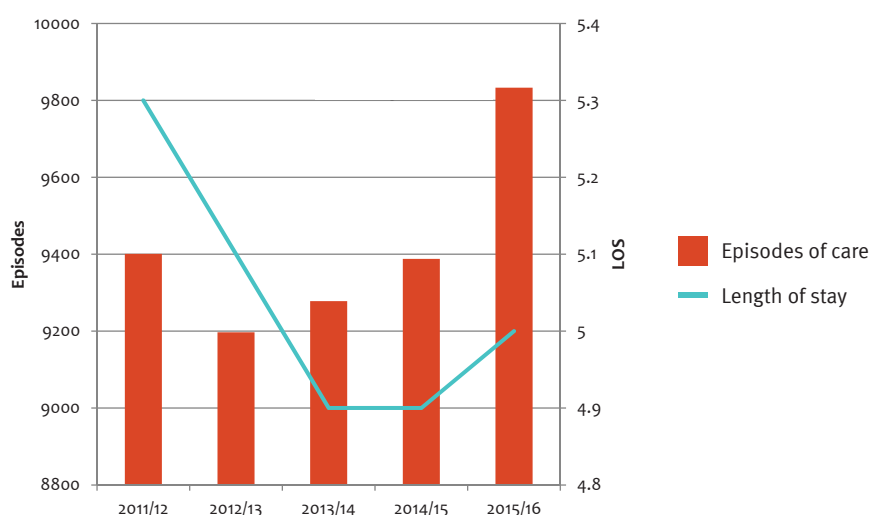
INJURY HOSPITALISATIONS FOR ADULTS AGED 35-64 YEARS

Over the last five years, injury has accounted for over 47,000 episodes of care for adults in Queensland public acute hospitals, resulting in 236,584 patient bed days, with an average length of stay of five days (See Table 14 and Figure 10). The annual number of episodes of care related to injuries in adults has increased slightly from around 9400 episodes in 2011/12 up to over 9800 episodes in 2015/16. There have been 400 episodes that ended with adult deaths in Queensland public acute hospitals over the five year period.

Table 14: Adult injury hospitalisations in Queensland public acute hospitals over time (2011/12-2015/16)

Activity/Outcome	2011/12	2012/13	2013/14	2014/15	2015/16	Total
Episodes of care	9401	9197	9278	9388	9833	47,097
Patient days	50162	46466	45193	45709	49054	236584
Length of stay	5.3	5.1	4.9	4.9	5	5
Episodes ending with death	71	85	71	84	89	400
Death percentage	0.76%	0.92%	0.77%	0.89%	0.91%	0.85%

Figure 10: Episodes of care and length of stay for injury-related hospitalisations in Queensland public acute hospitals for adults 35-64 years over time (2011/12-2015/16)



The principal injury diagnoses over the five year period for adults were lower leg fractures (accounting for 6,462 episodes of care), forearm fractures (3,331 episodes of care) and intracranial injuries (2,682 episodes of care) (See Table 15).

Table 15: Top 10 principal injury diagnoses in Queensland public acute hospitals over five year period for adults (2011/12-2015/16)

Principal diagnosis	5 Year Total	Avg LOS
S82 Fracture of lower leg, including ankle	6462	6.1
S52 Fracture of forearm	3331	2.6
S06 Intracranial injury	2682	9.2
S22 Fracture of rib(s), sternum and thoracic spine	2553	5.4
S72 Fracture of femur	2156	9.2
S42 Fracture of shoulder and upper arm	1998	4.2
S61 Open wound of wrist and hand	1898	3
S62 Fracture at wrist and hand level	1838	2.1
S32 Fracture of lumbar spine and pelvis	1727	8.5
S02 Fracture of skull and facial bones	1725	3.3

The main external causes over the five year period for adults was falls on the same level from slipping, tripping or stumbling (accounting for 4,612 episodes of care), other falls on the same level (2,750 episodes of care), and unspecified falls (1,961 episodes of care) (See Table 16).

Table 16: Top 10 external causes of injury in Queensland public acute hospitals over five year period for adults (2011/12-2015/16)

Main external cause	5 Year Total	Avg LOS
W01 Fall on same level from slipping, tripping, stumbling	4612	5
W18 Other fall on same level	2750	5.4
W19 Unspecified fall	1961	5
W10 Fall on and from stairs and steps	1932	5.2
V28 Motorcycle rider injured in noncollision transport accident	1878	5.3
Y04 Assault by bodily force	1697	3.5
X50 Overexertion and strenuous or repetitive movement	1636	2.9
X59 Exposure to unspecified factor	1537	3.6
W29 Contact with other powered hand tools and household machinery	1205	2.5
W11 Fall on and from ladder	1103	5.5

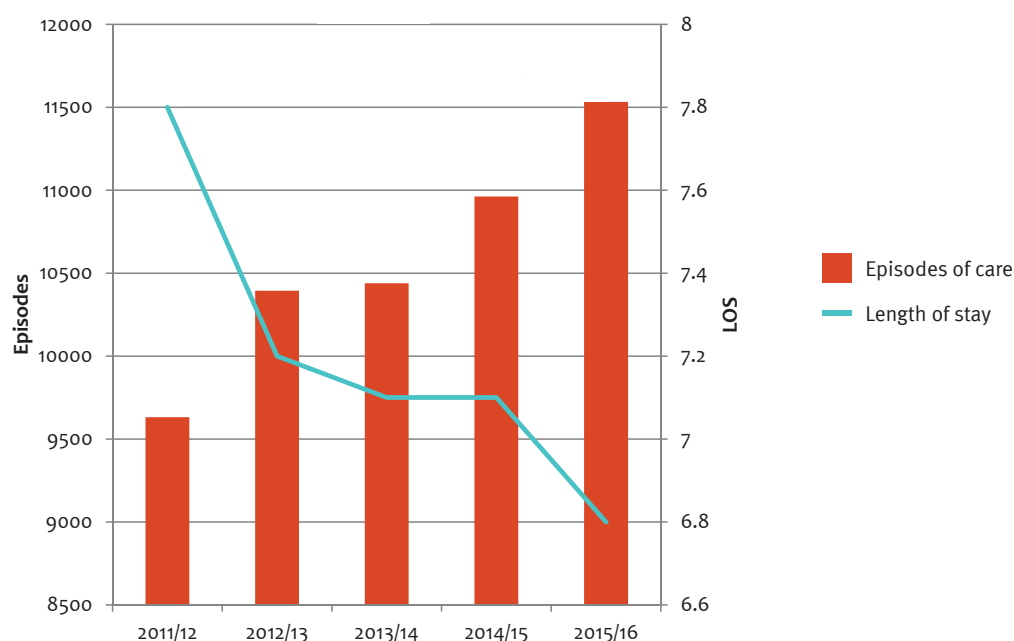
INJURY HOSPITALISATIONS FOR OLDER ADULTS AGED 65 YEARS AND OVER

Over the last five years, injury has accounted for almost 53,000 episodes of care for older adults in Queensland public acute hospitals, resulting in 380,079 patient bed days, with an average length of stay of seven days (See Table 17 and Figure 11). The annual number of episodes of care related to injuries in older adults has increased from around 9600 episodes in 2011/12 up to over 11,500 episodes in 2015/16. There have been 1568 episodes that ended with older adult deaths in Queensland public acute hospitals over the five year period.

Table 17: Older adult injury hospitalisations in Queensland public acute hospitals over time (2011/12-2015/16)

Activity/Outcome	2011/12	2012/13	2013/14	2014/15	2015/16	Total
Episodes of care	9632	10394	10439	10962	11533	52,960
Patient days	75381	74546	73793	77847	78512	380079
Length of stay	7.8	7.2	7.1	7.1	6.8	7.2
Episodes ending with death	297	301	301	358	311	1568
Death percentage	3.08%	2.90%	2.88%	3.27%	2.70%	2.96%

Figure 11: Episodes of care and length of stay for injury-related hospitalisations in Queensland public acute hospitals for older adults 65 years + over time (2011/12-2015/16)



The principal injury diagnoses over the five year period for older adults were femur fractures (accounting for 13,995 episodes of care), lumbar spine/pelvic fractures (4,526 episodes of care) and intracranial injuries (4,182 episodes of care) (See Table 18).

Table 18: Top 10 principal injury diagnoses in Queensland public acute hospitals over five year period for older adults (2011/12-2015/16)

Principal diagnosis	5 Year Total	Avg LOS
S72 Fracture of femur	13995	9.4
S32 Fracture of lumbar spine and pelvis	4526	8.5
S06 Intracranial injury	4182	7.6
S82 Fracture of lower leg, including ankle	3128	8.4
S22 Fracture of rib(s), sternum and thoracic spine	3011	6.9
S42 Fracture of shoulder and upper arm	2891	6.9
S52 Fracture of forearm	2390	4.2
S01 Open wound of head	1498	4.3
S81 Open wound of lower leg	1325	6.7
S00 Superficial injury of head	929	4.2

The main external causes over the five year period for older adults was falls on the same level from slipping, tripping or stumbling (accounting for 13,994 episodes of care), other falls on the same level (12,061 episodes of care), and unspecified falls (8,001 episodes of care) (See Table 19).

Table 19: Top 10 external causes of injury in Queensland public acute hospitals over five year period for older adults (2011/12-2015/16)

Main external cause	5 Year Total	Avg LOS
W01 Fall on same level from slipping, tripping, stumbling	13994	7.3
W18 Other fall on same level	12061	7.4
W19 Unspecified fall	8001	7.5
W10 Fall on and from stairs and steps	2642	7.1
W06 Fall involving bed	1831	6.7
X59 Exposure to unspecified factor	1371	6.6
W07 Fall involving chair	1161	7.6
X50 Overexertion and strenuous or repetitive movement	1031	5
W11 Fall on and from ladder	807	7.8
V43 Car occupant injured in collision with car, pickup truck or van	704	8.1

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