

low / medium falls (<5m)

General

Low / medium falls (<5m) includes two subcategories of falls recorded in the *Trauma Minimum Data Set*:

- Falls < 1m
- Falls 1-5m

In contrast to many road trauma figures, low / medium falls (<5m) appears to be a problem for the older population rather than the young. **Just over 54% of all low / medium falls** related injuries for 2005 were in the **over 65 years** age group. In comparison, only 16.3% of MVA related injuries were in the over 65 years age group.

Death rates in the older age groups were also high in 2005, rising to **37.4%** in the **85-94 years** age group. Death rates in the older age groups are however affected by co morbidities and are not necessarily attributable to traumatic injuries alone.

Age also appears to be a factor in relation to where a low / medium fall occurs. Injuries occurring at home grow more common in each age group from the ages of 25-34 years. **Low / medium falls at home** are also **more common** for children aged **0-14 years**, recorded as the place of injury for **67.2%** of injuries in that age group.

Figure 40. Low / medium fall (<5m) trauma patient admissions to all Trauma Centres by age and gender

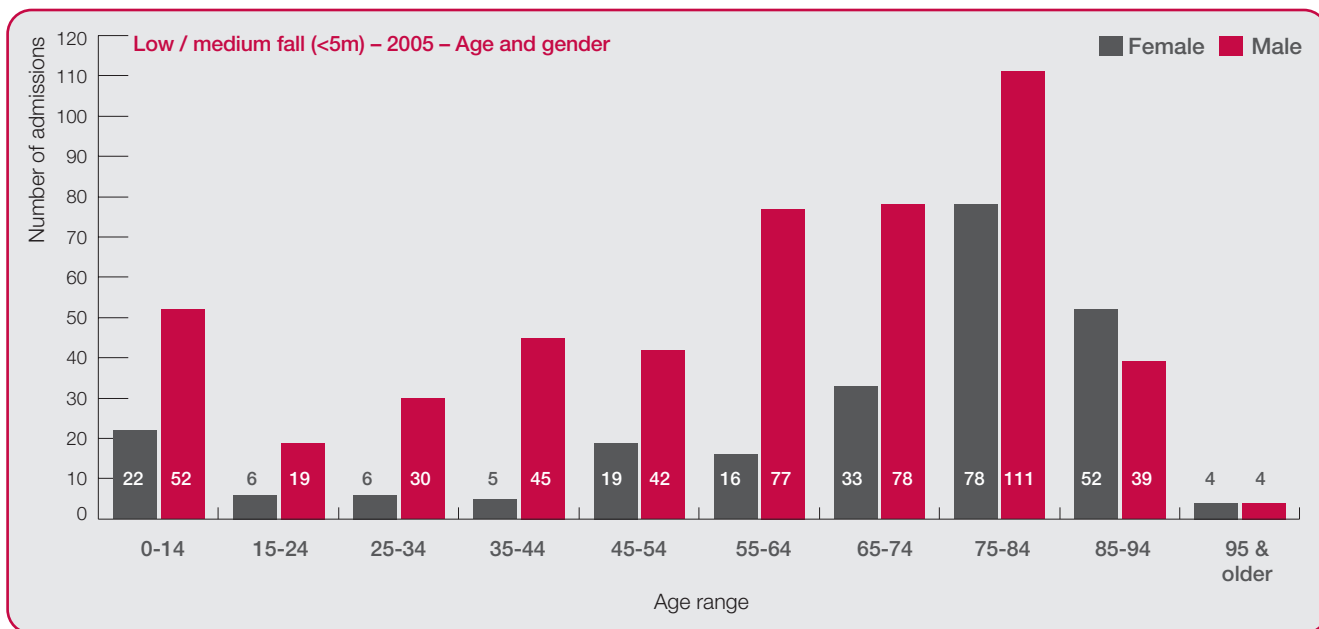


Figure 41. Low / medium (<5m) fall related admissions to Trauma Centres for 2005 by age and outcome

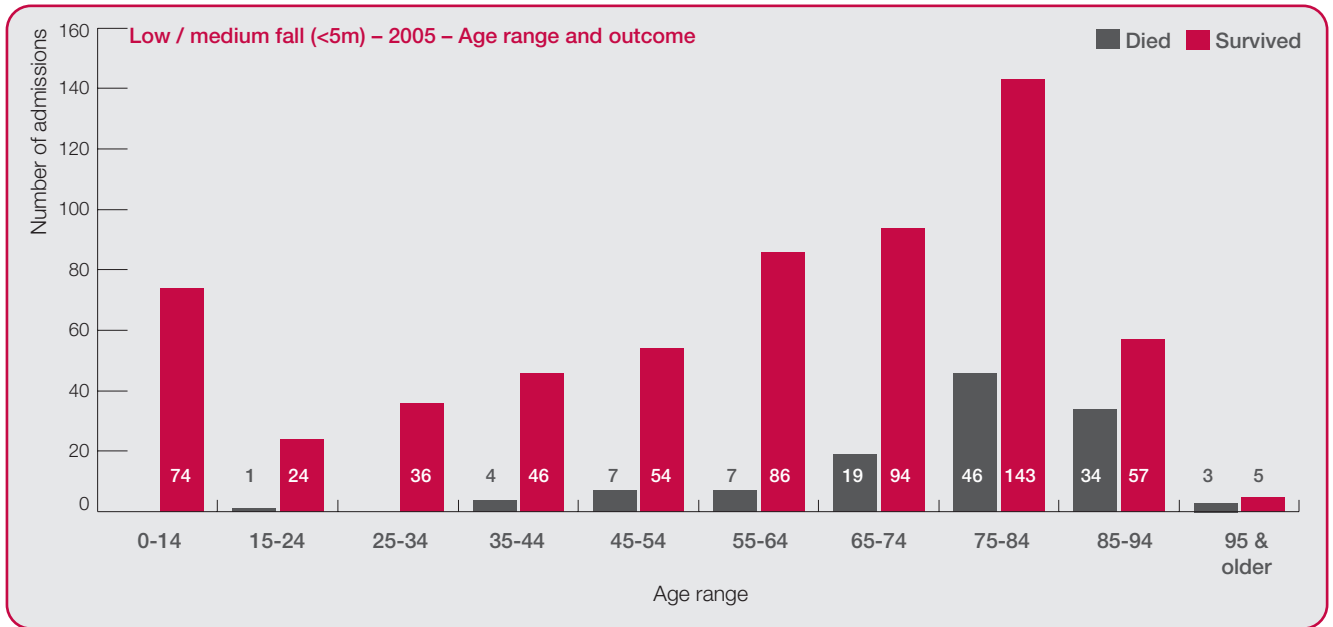
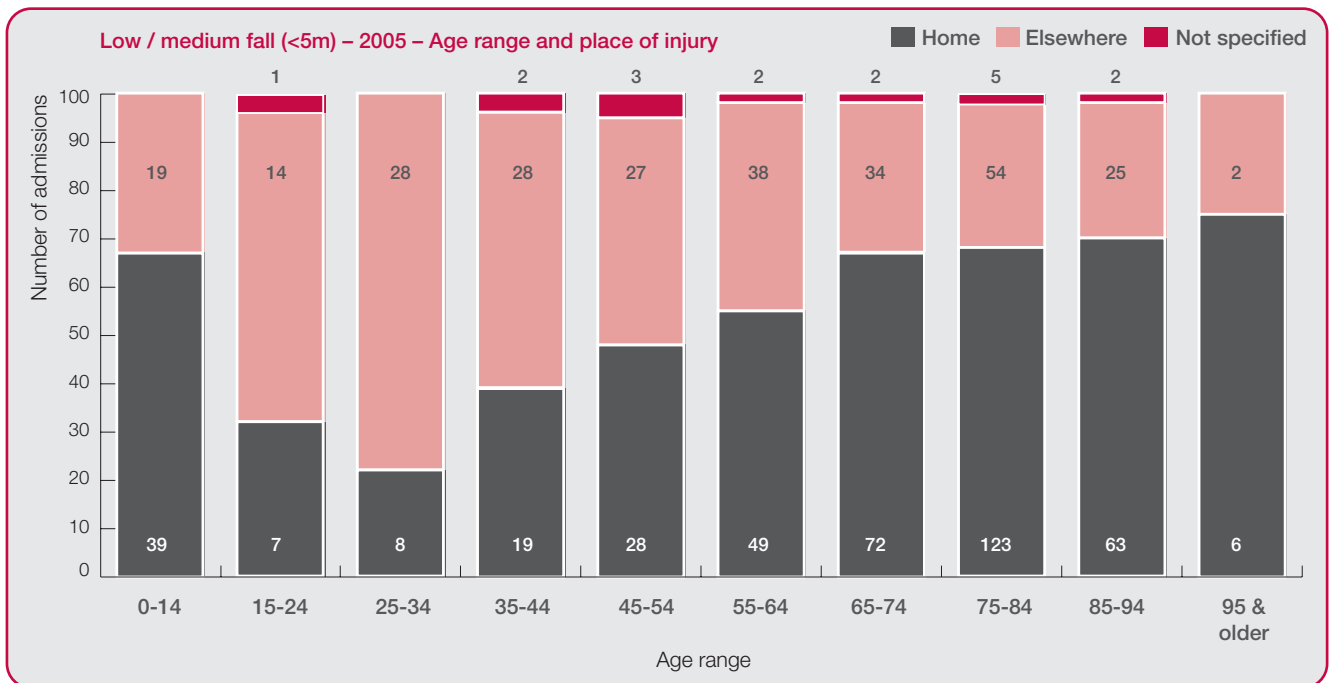


Figure 42. Low / medium fall (<5m) trauma patient admissions to all Trauma Services by age and place of injury



Admission type

The proportion of people transported directly from the scene of low / medium falls related injuries to a Trauma Centre in 2005 was similar to that in 2004. In 2005 68% of people were transported to a Trauma Centre directly from the scene, compared to 67.5% in 2004.

Figure 43. Low / medium fall (<5m) related admissions to Trauma Centres for 2003-2005 by admission type

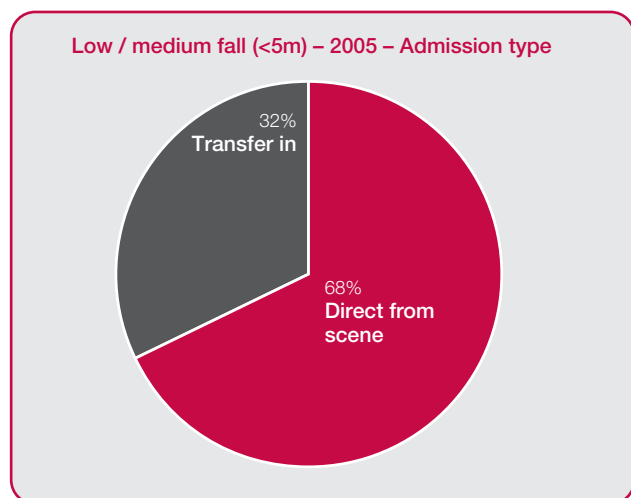
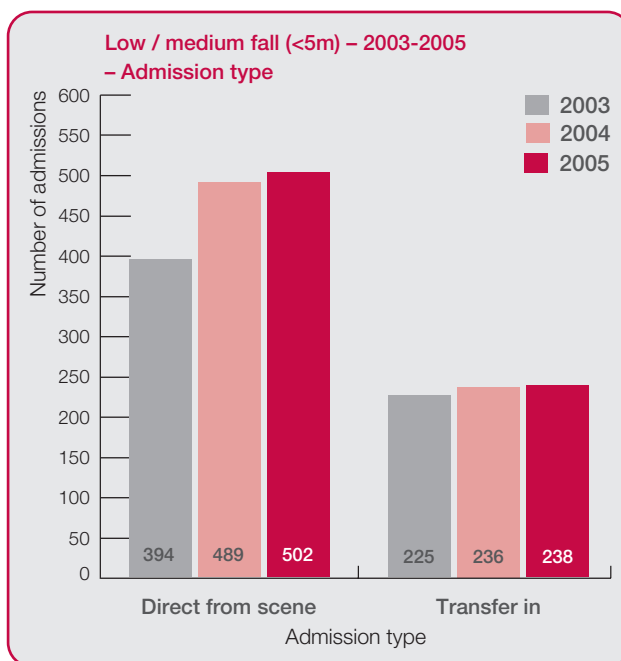


Figure 44. Low / medium falls (<5m) related admissions to Trauma Centres for 2005 by admission type



Time of day and day of week

Low / medium falls (<5m) in 2005 were most common between 4pm and 5pm (62 admissions) and between noon and 1pm (59 admissions). The busiest day of the week recorded for low / medium falls was Saturday (124 admissions).

Figure 45. Low / medium fall (<5m) trauma patient admissions to all Trauma Services by hour of day that injury occurred

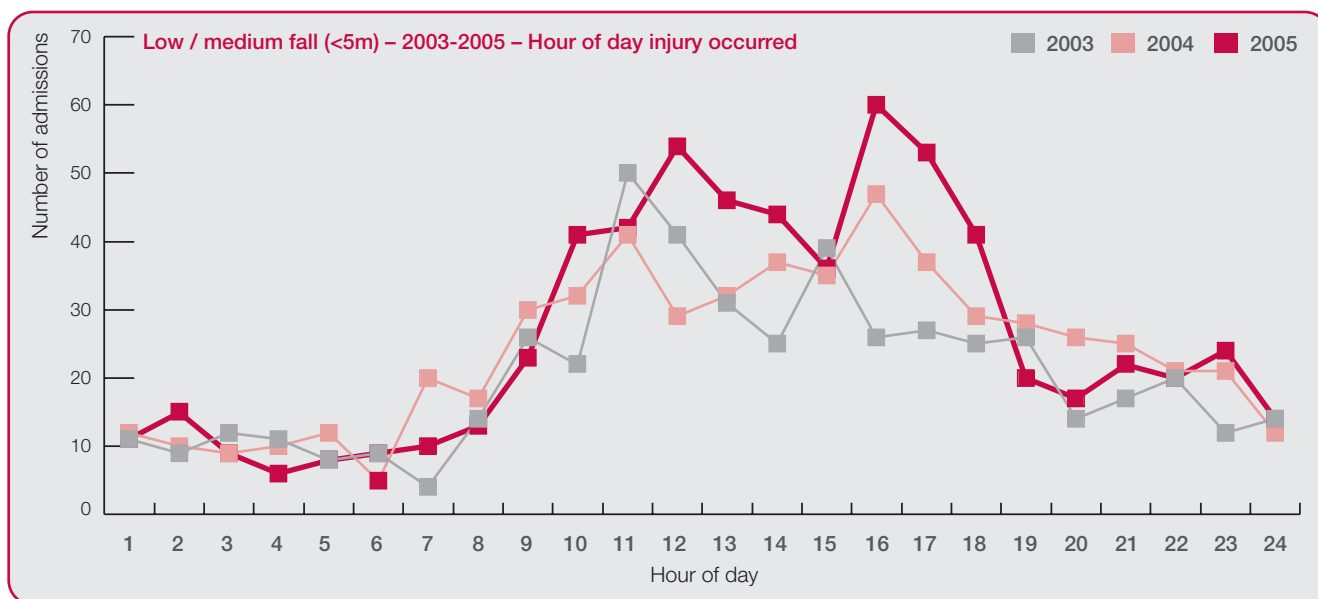
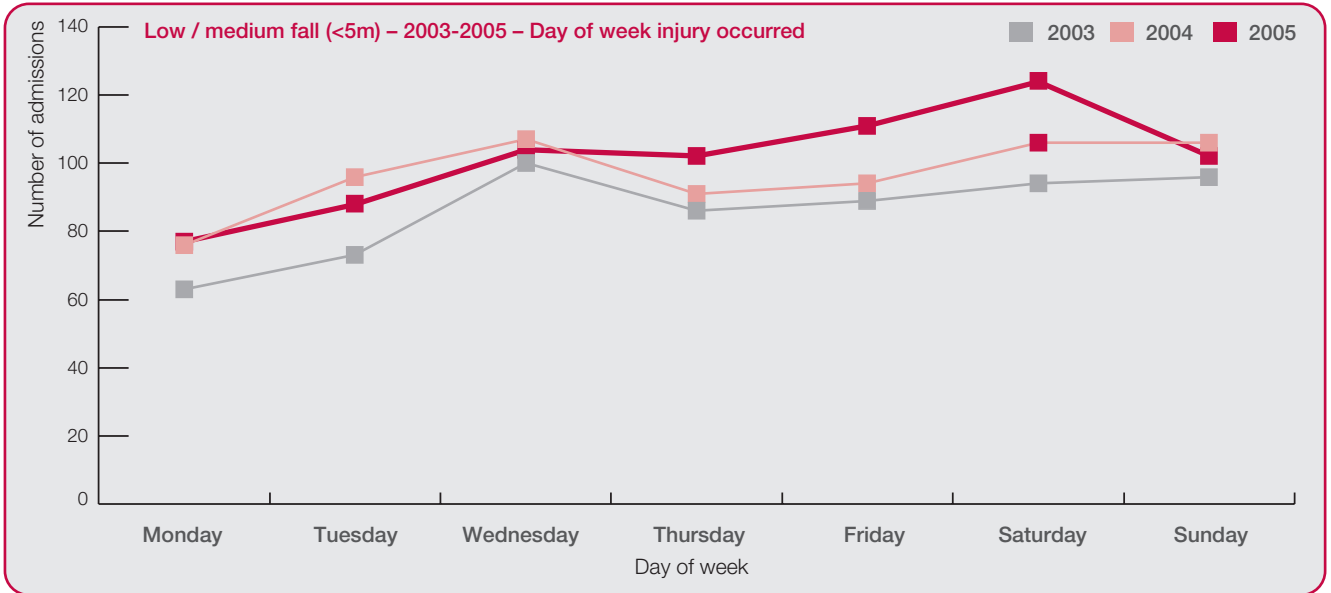


Figure 46. Low / medium fall (<5m) trauma patient admissions to all Trauma Services by day of week that injury occurred



Injury severity

Two per cent of low / medium fall related injuries in 2005 were in the ISS 41-75 range, much lower than the overall figure of 8.2% for this ISS range across all mechanism of injury for 2005.

Figure 47. Low / medium fall (<5m) related admissions to Trauma Centres for 2005 by ISS range

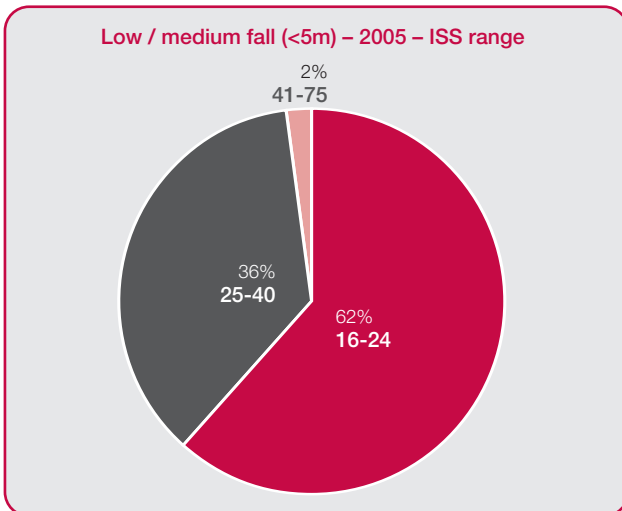
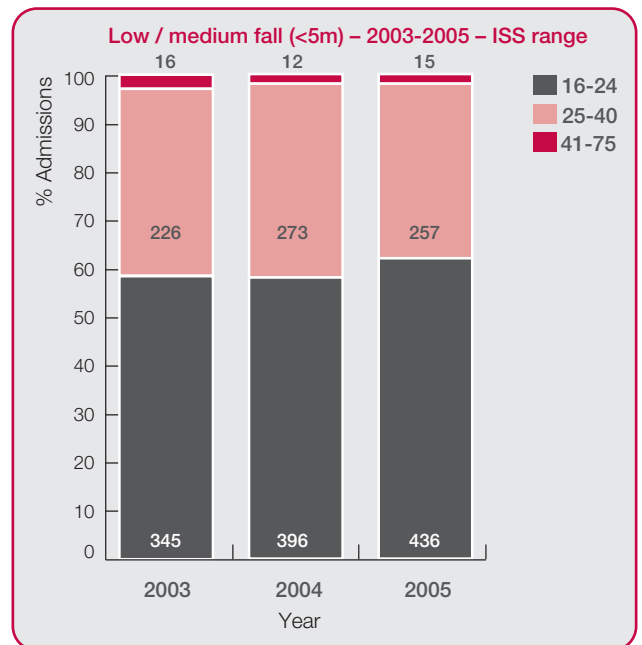


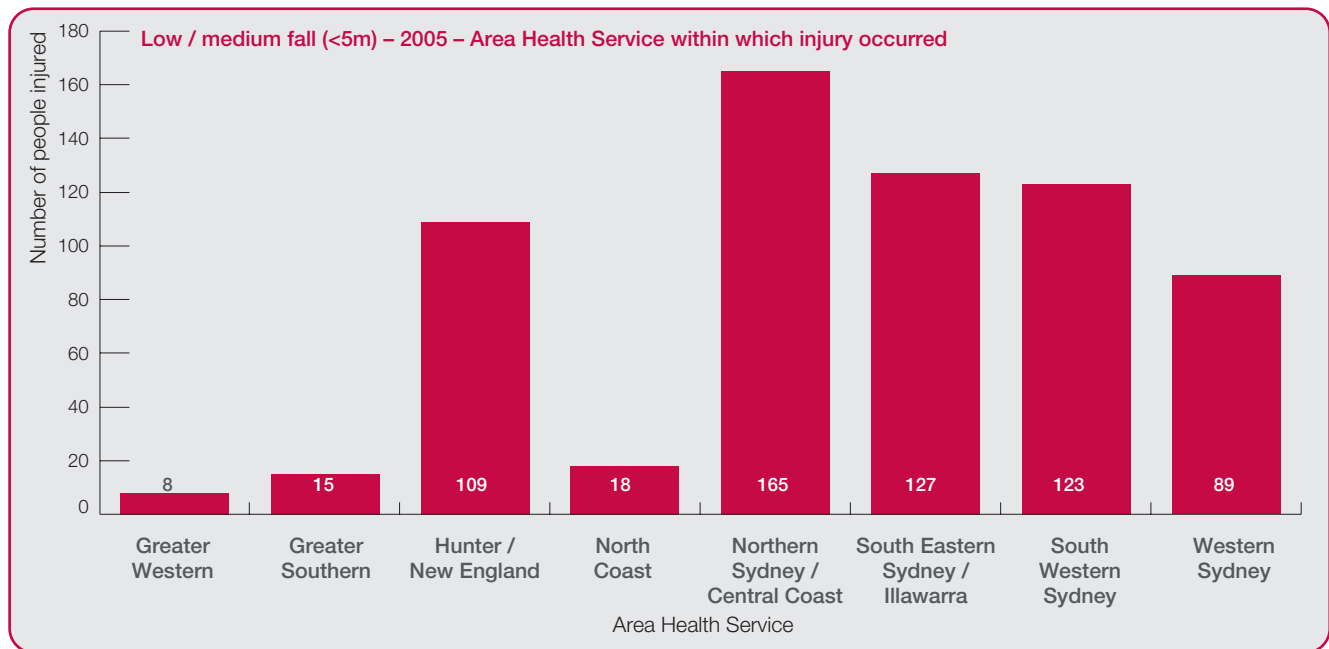
Figure 48. Low / medium falls (<5m) related admissions to Trauma Centres for 2003-2005 by ISS range



Area Health Service

Low / medium falls (<5m) resulting in injuries with an ISS >15 were most common in the Northern Sydney / Central Coast Area Health Service in 2005. 165 people sustained their injuries due to low / medium falls within this Area Health Service.

Figure 49. Low / medium fall (<5m) related trauma patients by Area Health Service within which injury occurred



Injured people aged 65 years and older

Almost 56% of all falls related injuries for 2005 were in the 65 years and older age group. The majority of these were in the 75-84 years age range (184 admissions).

The majority of low / medium falls in 65 years and over age group were recorded in the 2005 data set as occurring at home (67.8%).

The top three hours of the day for these falls in 2005 were:

- Between 4pm and 5pm (34 admissions)
- Between noon and 1pm (31 admissions)
- Equally, between 1pm and 2pm, and between 5pm and 6pm (each 28 admissions)

The death rate for this group of patients rose with age in 2005, from 17.1% for people aged from 65-74 years, to 37.4% for people aged from 85-94 years. The death rate for people aged 95 years and older was 37.5%, however the population of this group was very small. Co-morbidities typically affect death rates in older populations with traumatic injuries, and many of these figures may not necessarily reflect deaths as a result of traumatic injury.

Figure 50. Low / medium fall (<5m) trauma patient admissions to all Trauma Centres by age and place of injury for patients aged 65 years and older

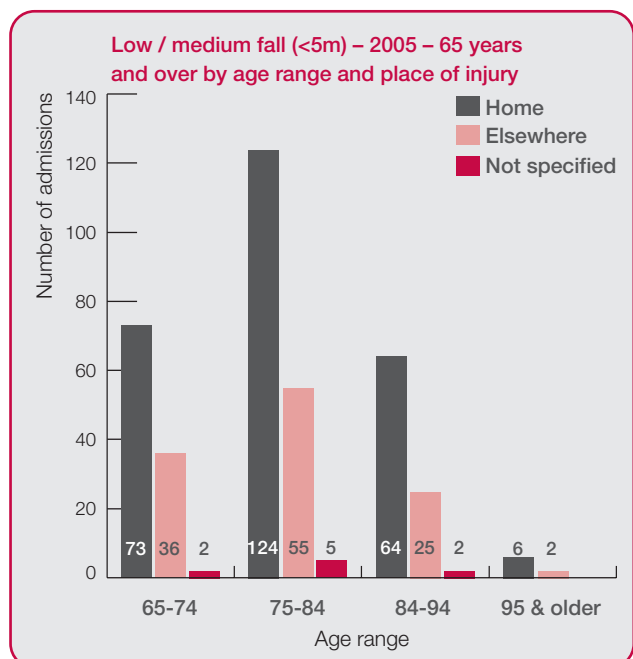


Figure 51. Low / medium fall (<5m) trauma patient admissions to all Trauma Centres by age range and hour of day that injury occurred for all patients aged 65 years and older

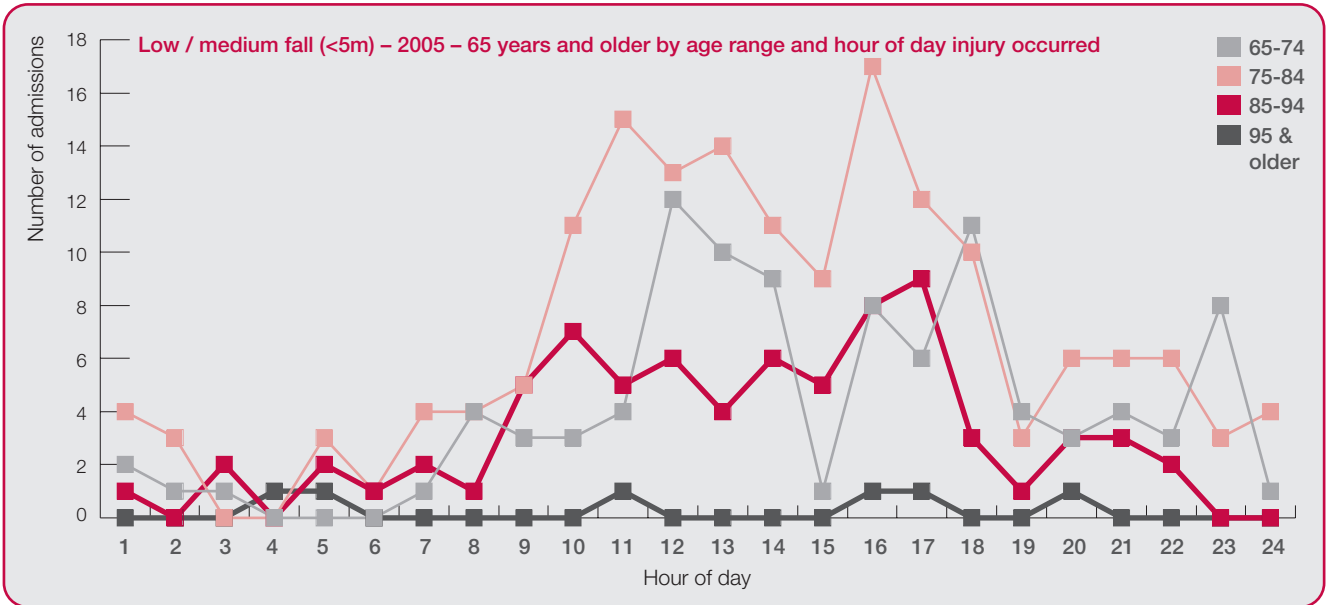
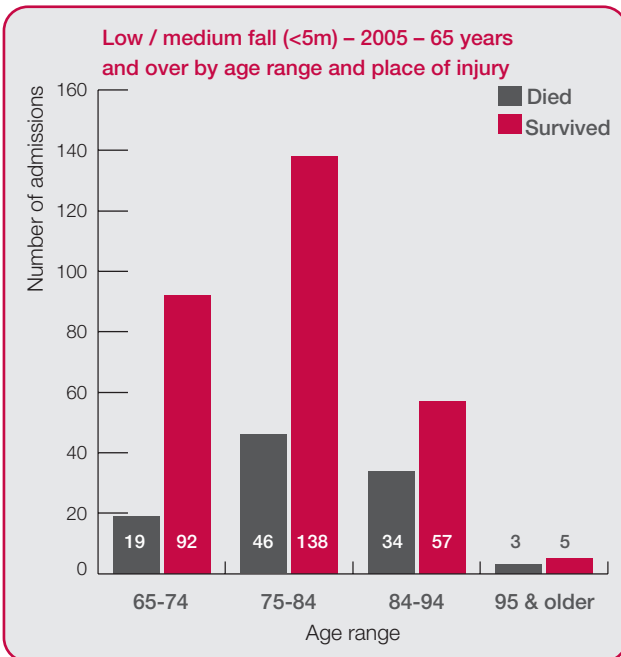


Figure 52. Low / medium fall (<5m) injured people for 2005 by age and outcome for all patients aged 65 years and older



Time to definitive care

73.8% of people **transported directly** to a definitive trauma hospital from the scene of their low / medium fall in 2005 **arrived within two hours** of the time of injury, in an **average one hour and one minute**.

Table 25. Times to definitive trauma hospital for low / medium fall (<5m) related trauma patients²⁵

| Time period | Direct from scene | Transfer in |
|------------------------------|---|--|
| 0-2 hours | 293 patients (73.8%) 1 hour 1 minute | 4 patients (2.2%) 1 hour 17 minutes |
| 2-6 hours | 47 patients (11.8%) 3 hours 29 minutes | 29 patients (16.1%) 4 hours 34 minutes |
| 6-12 hours | 9 patients (2.3%) 8 hours 10 minutes | 62 patients (34.4%) 8 hours 23 minutes |
| 12-24 hours | 16 patients (4%) 18 hours 31 minutes | 43 patients (23.9%) 16 hours 50 minutes |
| Greater than 24 hours | 32 patients (8.1%) 84 hours 45 minutes | 42 patients (23.3%) 80 hours 57 minutes |

²⁵ Times to definitive trauma hospital are calculated only where times of injury are known.

high falls (>5m)

General

There were **81 admissions** to Trauma Centres in 2005 of people with an ISS >15 injured as a result of a **high fall**, ie a fall of greater than five metres. This figure was lower than the 2004 figure of 95 admissions.

High falls are **more common in the 25-34 years age group** than any other with over 27% of all high falls recorded in the 2005 data set. Males also dominate the figures, with 76.5% of high falls.

Figure 53. High fall (>5m) trauma patient admissions to all Trauma Centres by age and gender

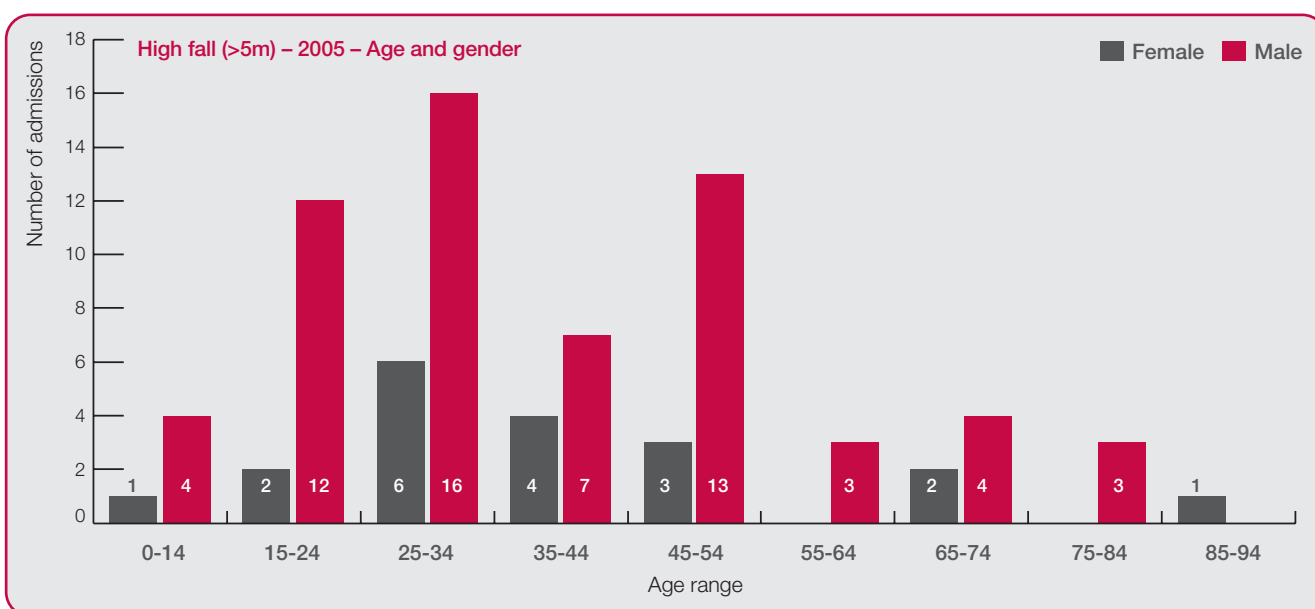
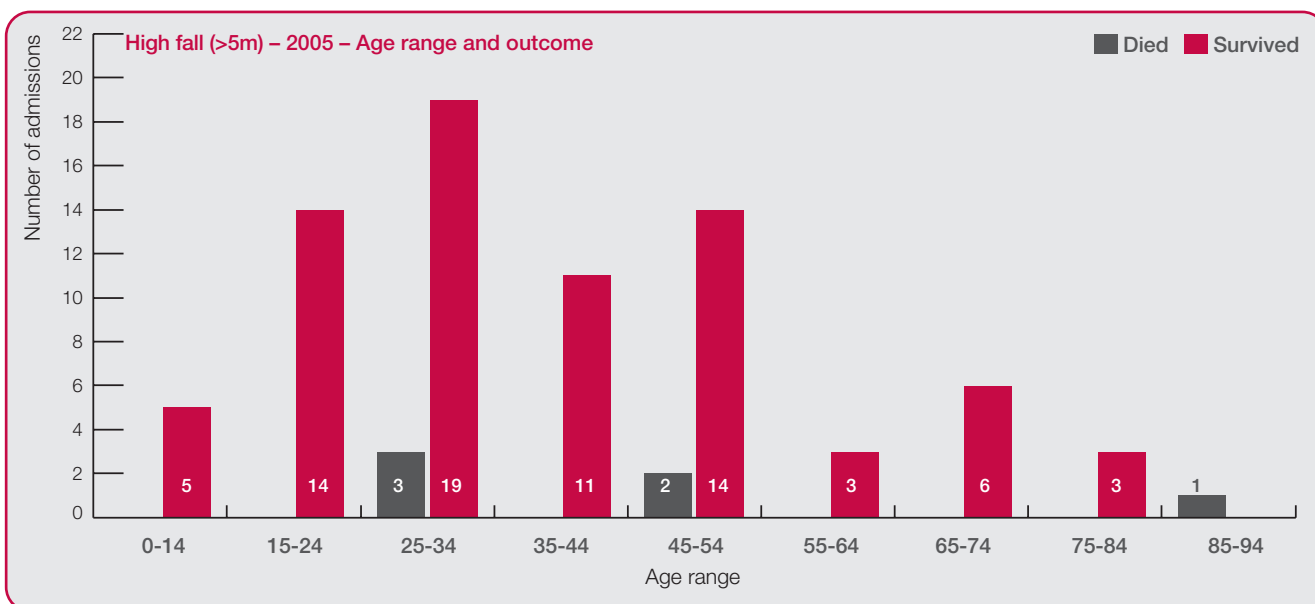


Figure 54. High fall related (>5m) admissions to Trauma Centres for 2005 by age and outcome



high falls (>5m)

Figure 55. High fall (>5m) trauma patient admissions to all Trauma Centres by outcome

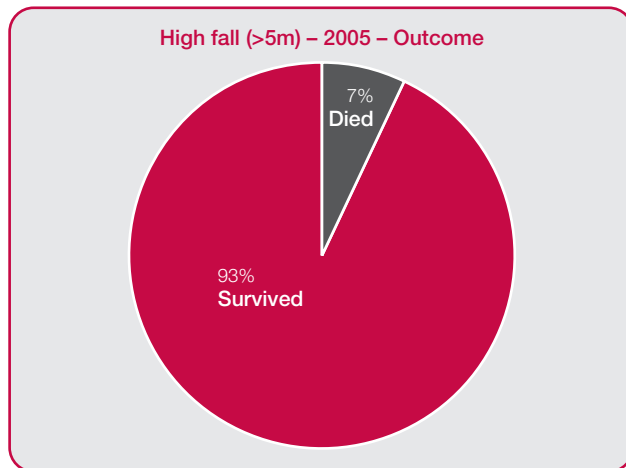
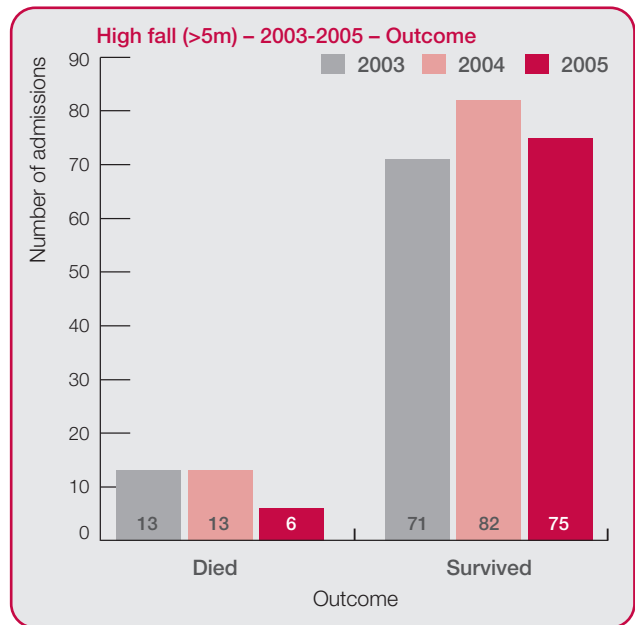


Figure 56. High fall (>5m) trauma patient admissions to all Trauma Centres by outcome



Admission type

The **proportion of people transported directly from the scene of high falls (>5m) to a Trauma Centre increased** between 2004 and 2005. In 2005 **88%** of people were transported to a Trauma Centre directly from the scene, compared to 79% in 2004.

Figure 57. High fall (>5m) related admissions to Trauma Centres for 2005 by admission type

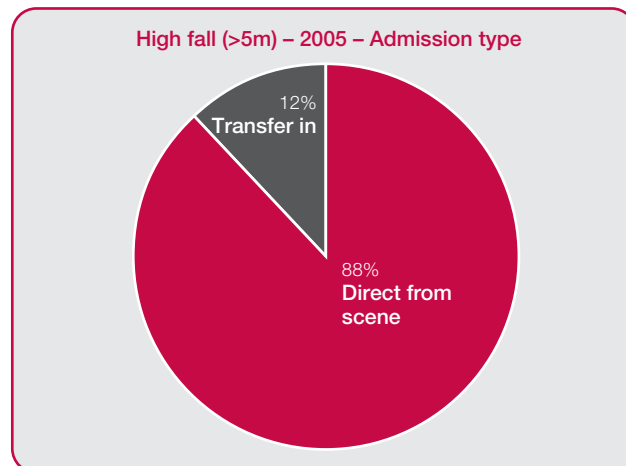
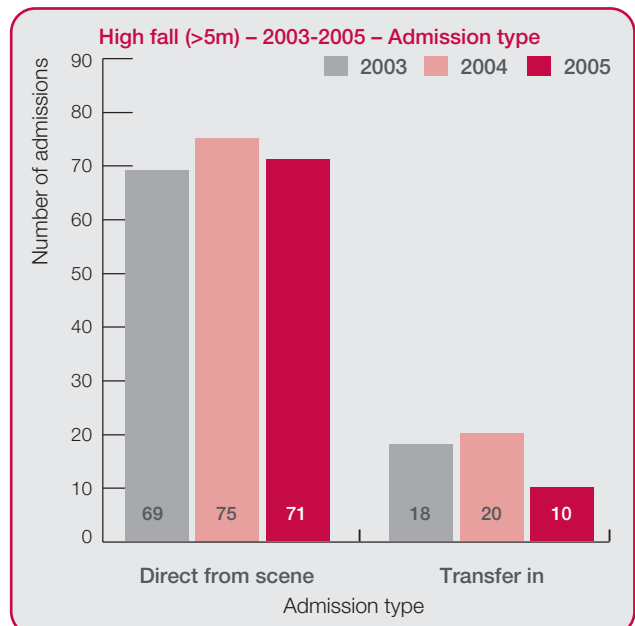


Figure 58. High fall (>5m) related admissions to Trauma Centres for 2003-2005 by admission type



Time of day and day of week

High falls (>5m) in 2005 were most common **between 3pm and 5pm** (14 admissions). The **busiest day** of the week recorded for high falls was **Sunday** (16 admissions).

Figure 59. High fall (>5m) related admissions to Trauma Centres for 2003-2005 by hour of day injury occurred

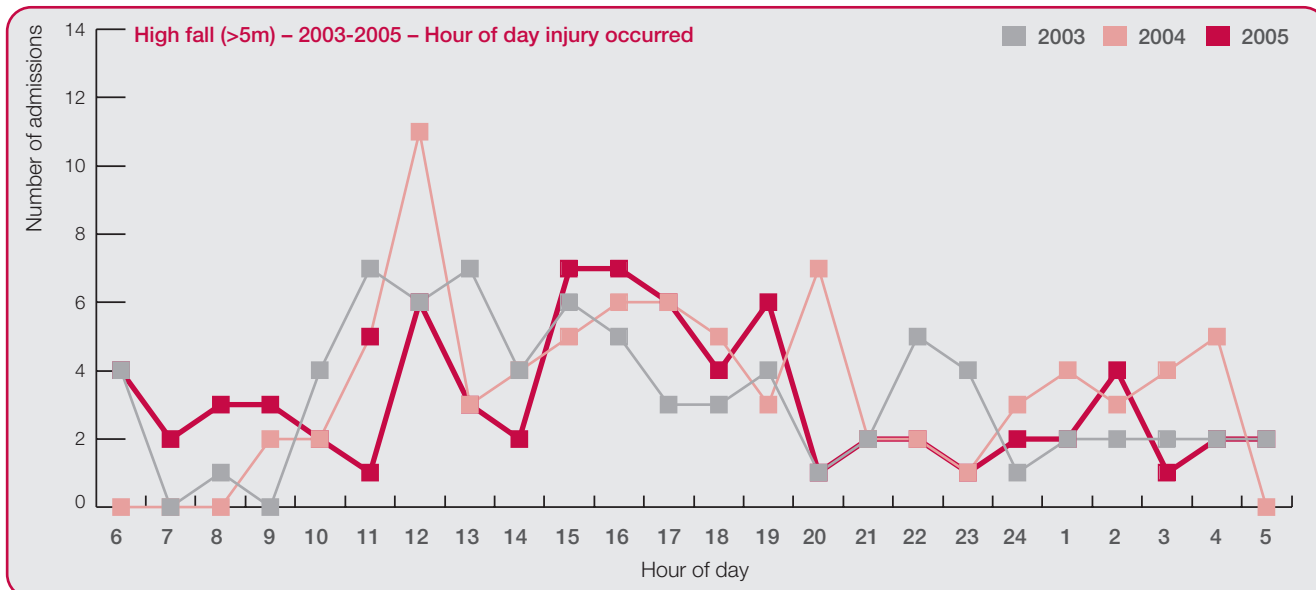
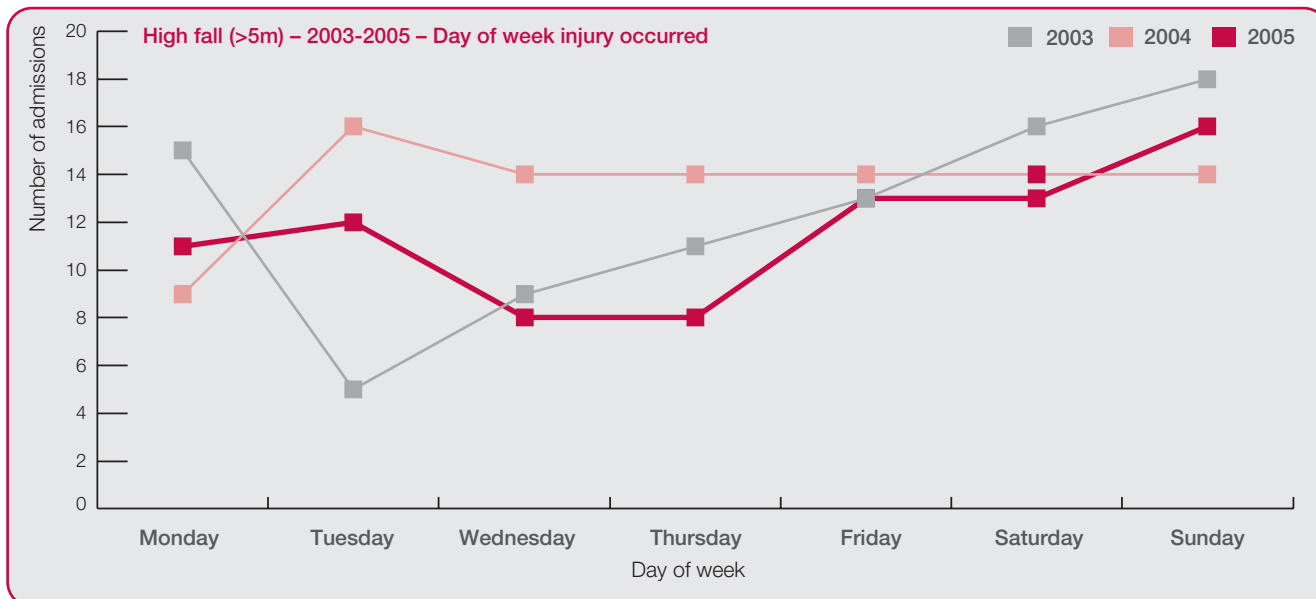


Figure 60. High fall (>5m) related admissions to Trauma Centres for 2003-2005 by day of week injury occurred



high falls (>5m)

Injury severity

Fifteen per cent of high fall (>5m) related injuries in 2005 were in the ISS 41-75 range, significantly higher than the overall figure of 8.2% for this ISS range across all mechanisms of injury for 2005.

Figure 61. High fall (>5m) related admissions to Trauma Centres by ISS range

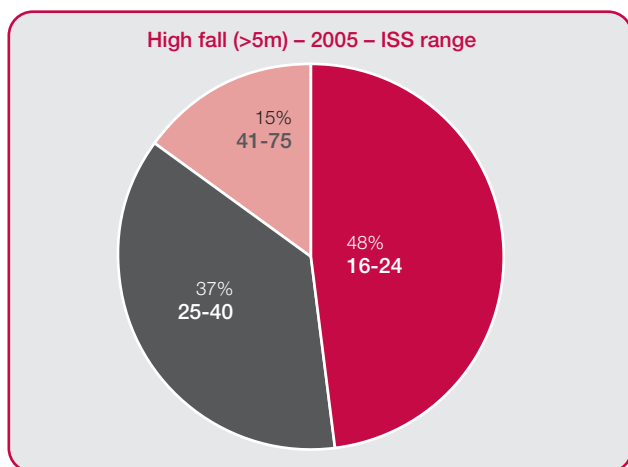
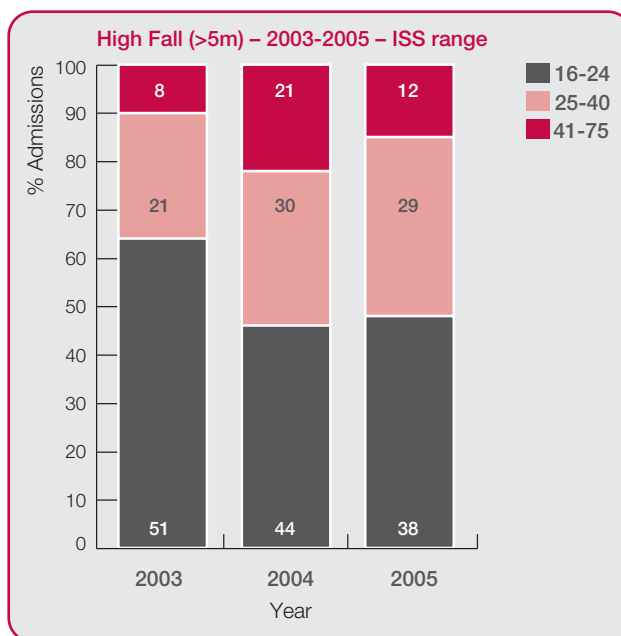


Figure 62. High fall (>5m) related admissions to Trauma Centres for 2003-2005 by ISS range



Time to definitive care

88.1% of people transported directly to a definitive trauma hospital from the scene of their high fall in 2005 arrived within two hours of the time of injury, in an average 54 minutes.

Table 26. Times to definitive trauma hospital for high fall (>5m) related trauma patients²⁶

| Time period | Direct from scene | Transfer in |
|-----------------------|---|---|
| 0-2 hours | 52 patients (88.1%) 54 minutes | – |
| 2-6 hours | 5 patients (8.5%) 3 hours 26 minutes | 2 patients (25%) 4 hours 29 minutes |
| 6-12 hours | 1 patient (1.7%) 6 hours 21 minutes | 1 patient (12.5%) 6 hours 30 minutes |
| 12-24 hours | 1 patient (1.7%) 21 hours 27 minutes | 3 patients (37.5%) 16 hours 14 minutes |
| Greater than 24 hours | – | 2 patients (25%) 27 hours 10 minutes |

²⁶ Times to definitive trauma hospital are calculated only where times of injury are known.

pedal cyclists

General

There were **75 admissions** to Trauma Centres in 2005 of people with an ISS >15 injured as a result of a **pedal cycle accident**. This figure was **lower than the 2004** figure of 80 admissions.

Pedal cycle accidents are **more common** in the **0-14 years** age group than any other with almost 31% of all pedal cycle accidents recorded in the 2005 data set. **Males** also dominate the figures, with **88%** of pedal cycle accidents.

The **death rate** for pedal cycle accidents in the 2005 data set was **4.5%**, lower than the 2004 death rate of 8.7% for this group, and lower than the 2003 death rate of 9.2% for pedal cycle related admissions with an ISS >15.

Figure 63. Pedal cycle trauma patient admissions to all Trauma Services by age and gender

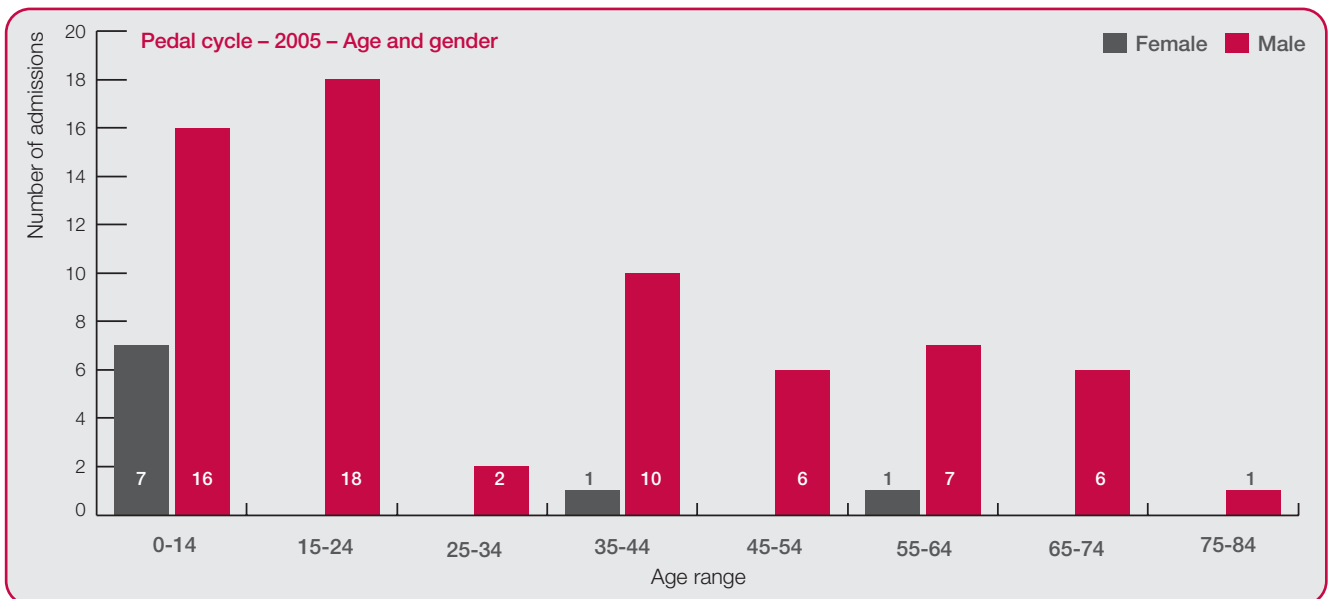
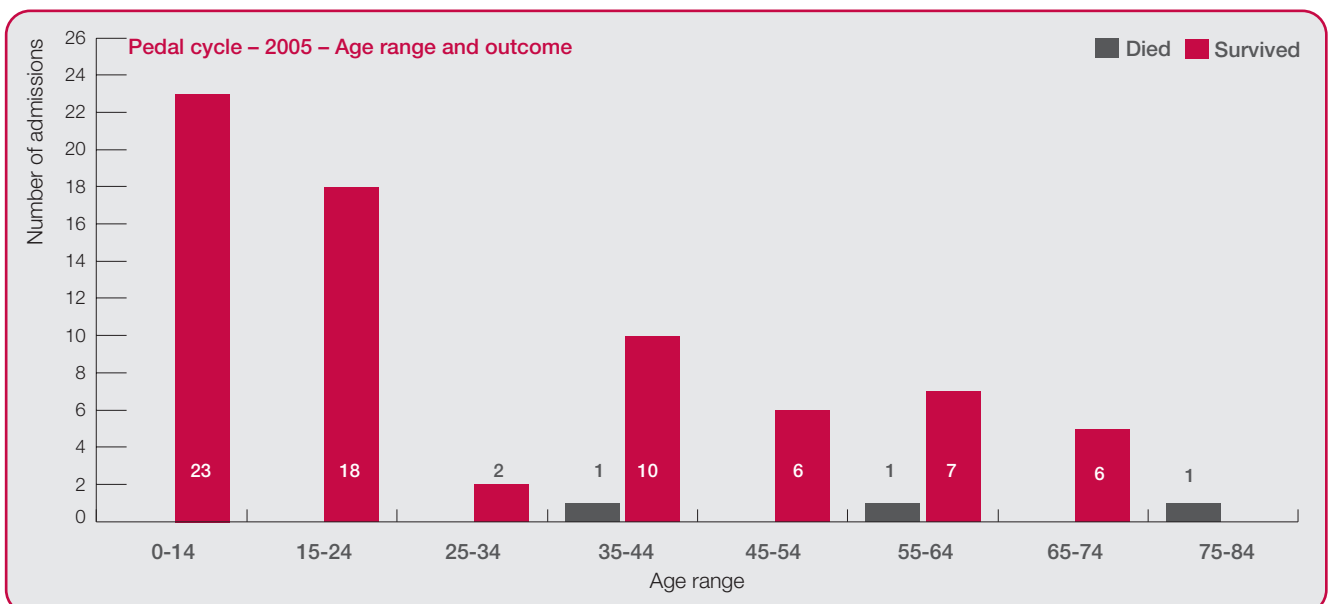


Figure 64. Pedal cycle related admissions to Trauma Centres for 2005 by age range and outcome



pedal cyclists

Figure 65. Pedal cycle trauma patient admissions to all Trauma Services by outcome

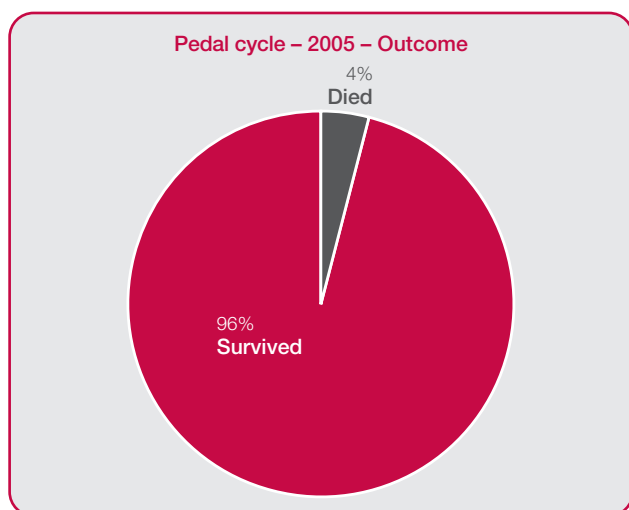
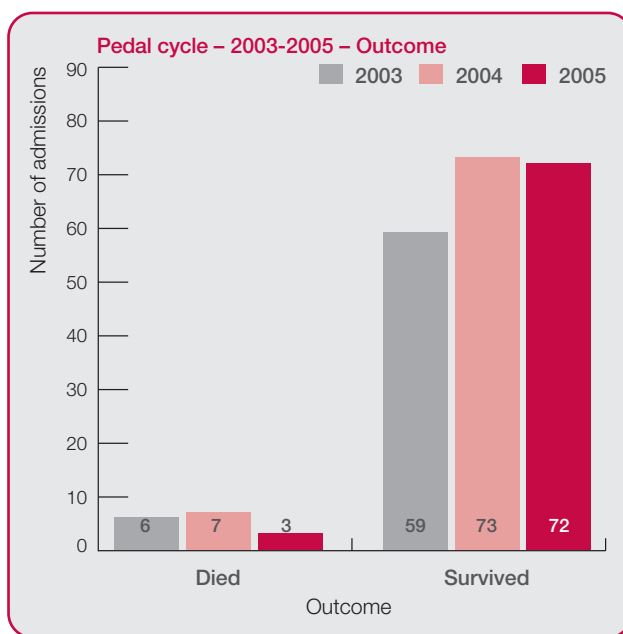


Figure 66. Pedal cycle trauma patient admissions to all Trauma Services by outcome



Admission type

The **proportion of people transported directly from the scene of pedal cycle accidents to a Trauma Centre increased** between 2004 and 2005. In 2005 81.3% of people were transported to a Trauma Centre directly from the scene, compared to 71.2% in 2004.

Figure 67. Pedal cycle related admissions to Trauma Centres for 2005 by admission type

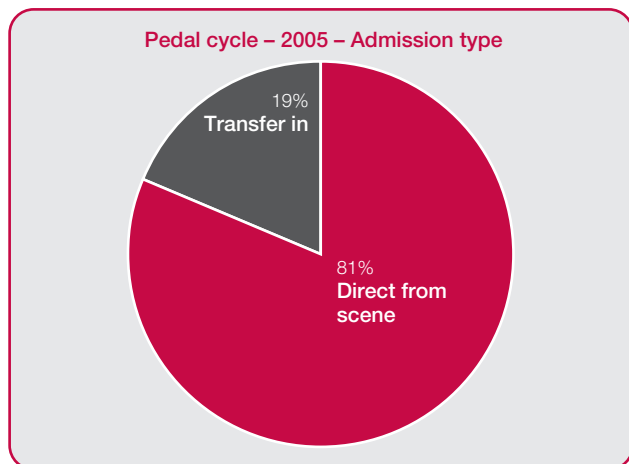
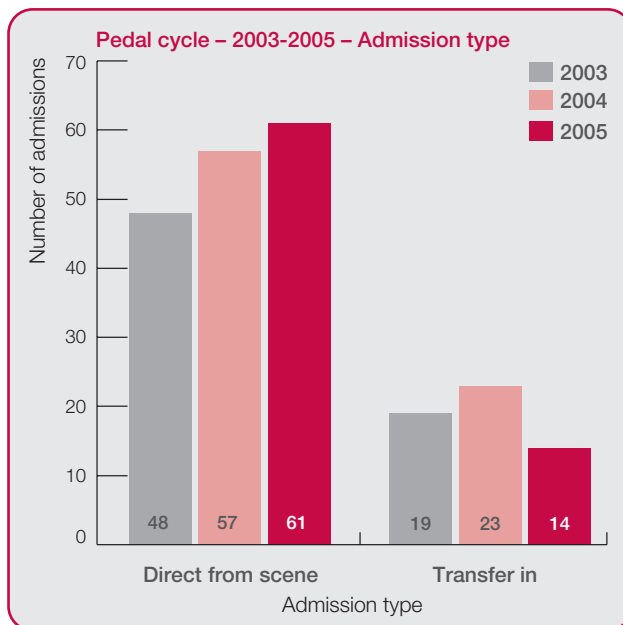


Figure 68. Pedal cycle related admissions to Trauma Centres for 2003-2005 by admission type



Time of day and day of week

Pedal cycle related injuries in 2005 were most common **between 5pm and 7pm** (16 admissions). The **busiest days** of the week recorded for pedal cycle related injuries were **Mondays, Tuesdays, Fridays and Saturdays** (each 11 admissions).

Figure 69. Pedal cycle trauma patient admissions to all Trauma Centres by hour of day that injury occurred

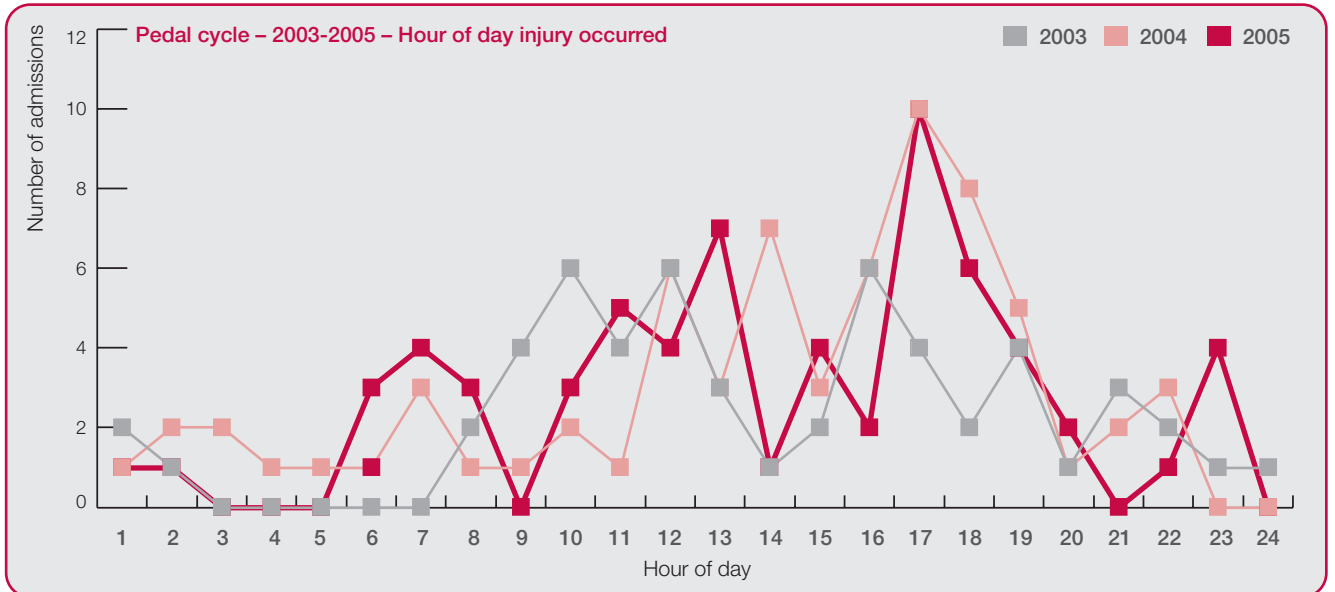
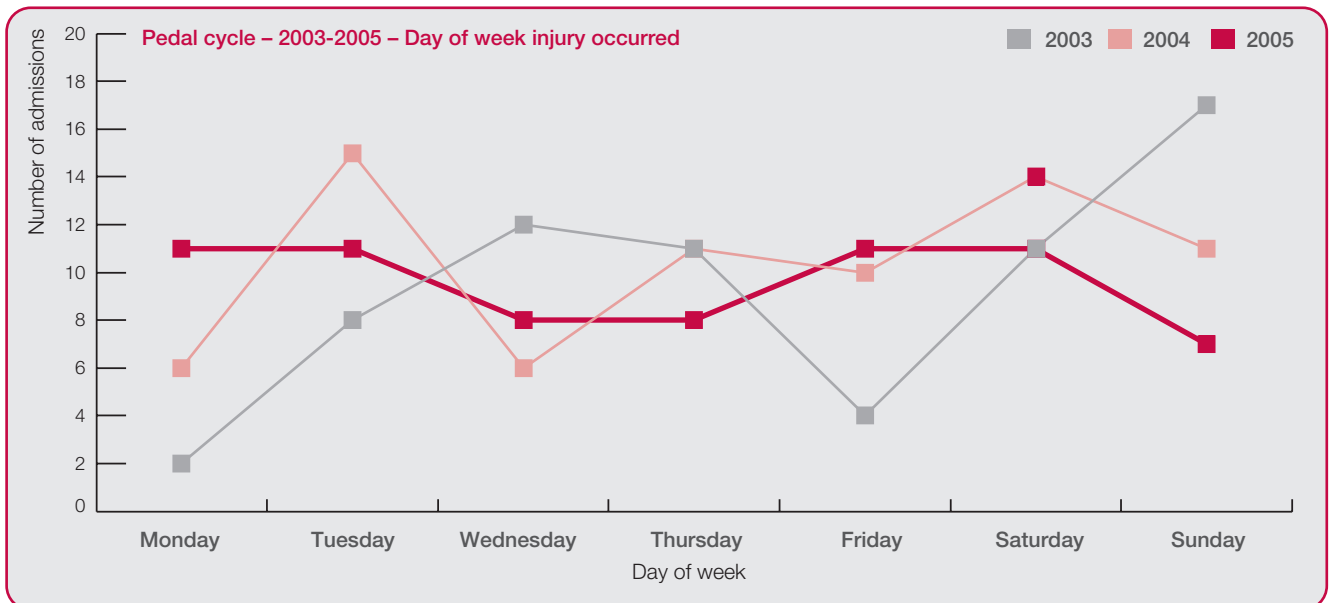


Figure 70. Pedal cycle trauma patient admissions to all Trauma Services by day of week that injury occurred



Injury severity

Three per cent of pedal cycle related injuries in 2005 were in the ISS 41-75 range, lower than the overall figure of 8.2% for this ISS range across all mechanism of injury for 2005.

Figure 71. Pedal cycle related admissions to Trauma Centres for 2005 by ISS Range

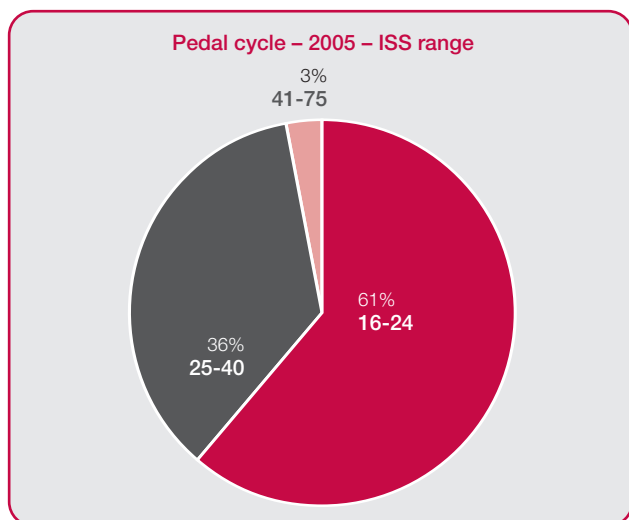
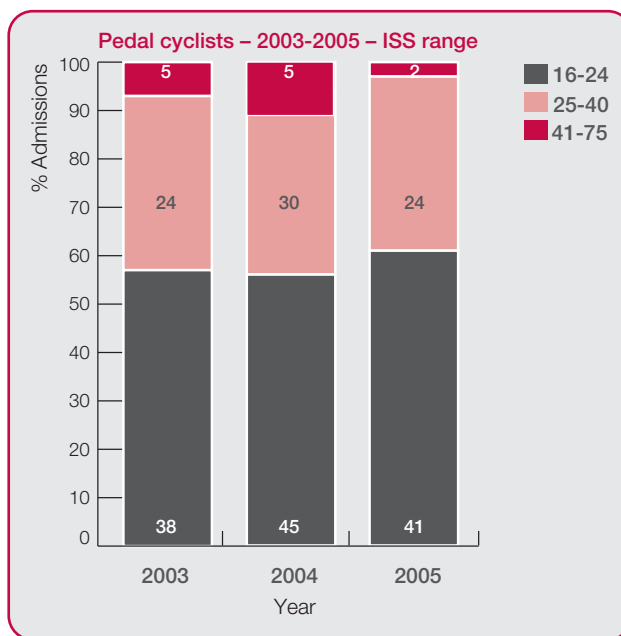


Figure 72. Pedal cycle related admissions to Trauma Centres for 2003-2005 by ISS range



Time to definitive care

Eighty-six per cent of people transported directly to a definitive trauma hospital from the scene of their pedal cycle accident in 2005 arrived within two hours of the time of injury, in an average 54 minutes.

Table 27. Times to definitive trauma hospital for pedal cycle related trauma patients²⁷

| Time period | Direct from scene | Transfer in |
|-----------------------|--|---|
| 0-2 hours | 43 patients (86%) 54 minutes | – |
| 2-6 hours | 3 patients (6%) 3 hours | 2 patients (18.2%) 4 hours 50 minutes |
| 6-12 hours | 2 patients (4%) 8 hours 47 minutes | 5 patients (45.4%) 7 hours 34 minutes |
| 12-24 hours | 2 patients (4%) 15 hours 53 minutes | – |
| Greater than 24 hours | – | 4 patients (36.4%) 78 hours 32 minutes |

²⁷ Times to definitive trauma hospital are calculated only where times of injury are known

blunt assault

General

There were **168 admissions** to Trauma Centres in 2005 of people with an **ISS >15** injured as a result of a **blunt assault**. This figure was almost identical to the 2004 figure of 164 admissions.

Blunt assaults were **more common** in the **25-34** years age group than any other with 29.2% of all blunt assaults recorded in the 2005 data set. **Males** also dominate the figures, with **85.7%** of blunt assaults.

The **death rate** for blunt assaults in 2005 was **8.3%**, **higher** than the 2004 death rate for this group of 4.9%. The age group with the **highest number of deaths** was the **25-34** years age group, with five deaths or 10% of that age group.

Figure 73. Blunt assault trauma patient admissions to all Trauma Centres by age and gender

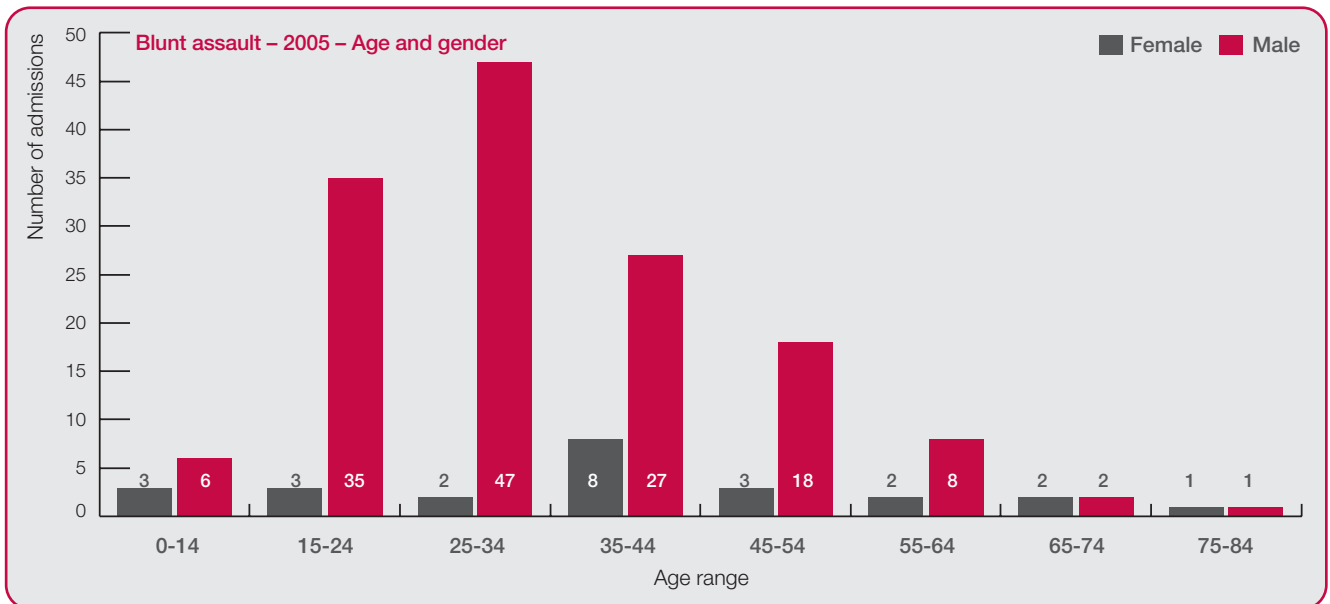
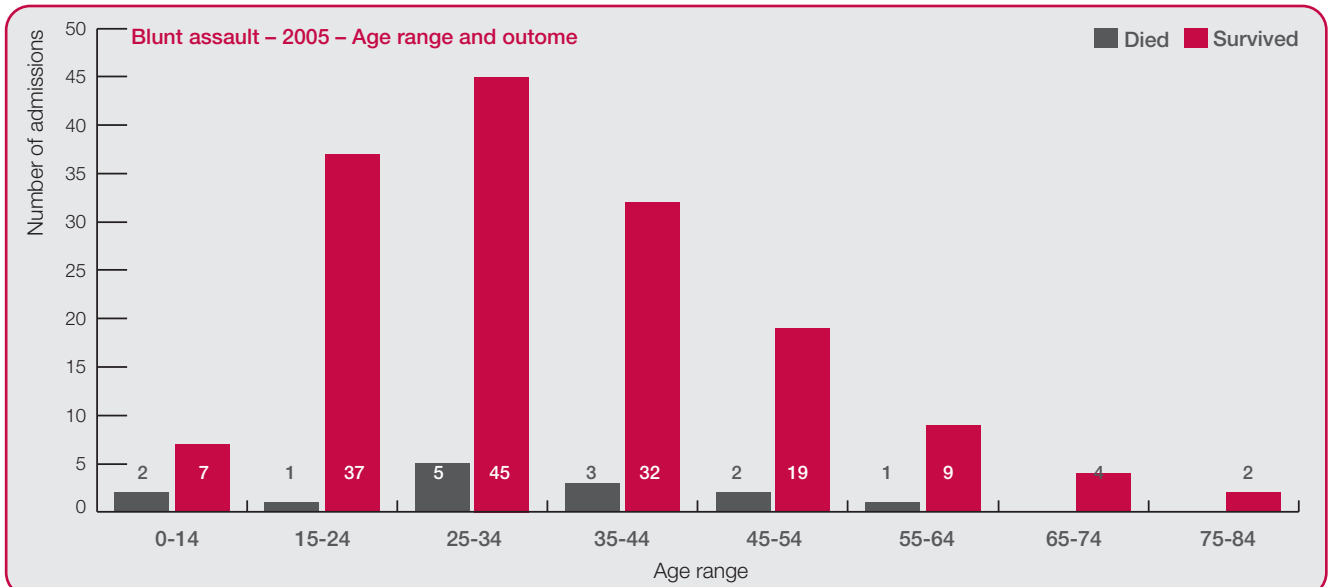


Figure 74. Blunt assault admissions to Trauma Centres in 2005 by age range and outcome



blunt assault

Figure 75. Blunt assault trauma patient admissions to all Trauma Centres by outcome

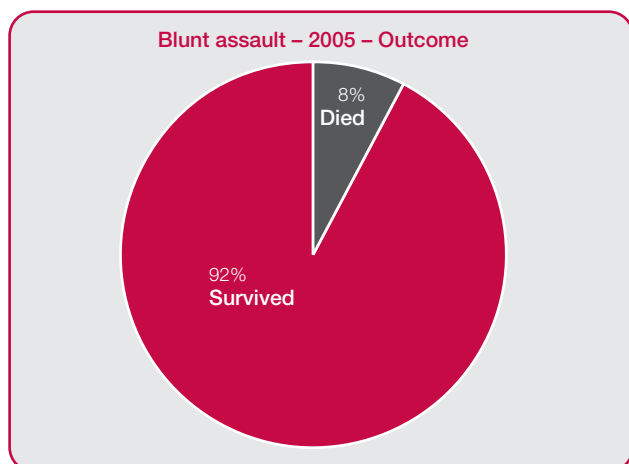
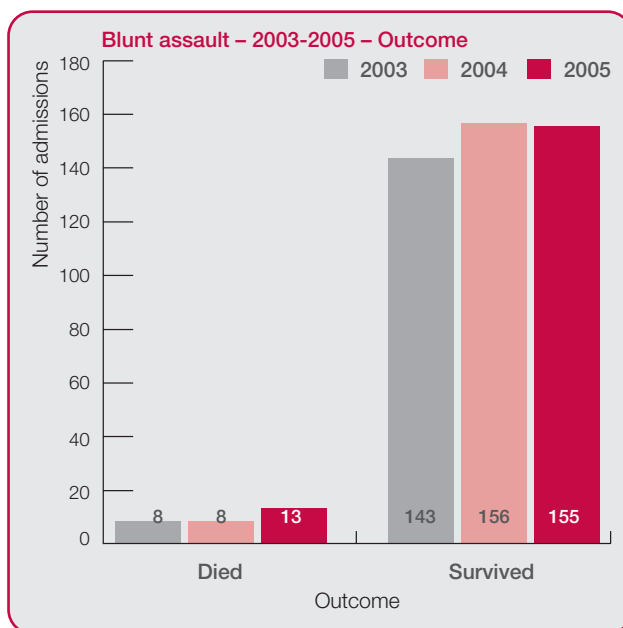


Figure 76. Blunt assault trauma patient admissions to all Trauma Services by outcome



Admission type

The **proportion of people transported directly from the scene of blunt assaults** to a trauma centre in 2005 (65.5%) was **similar** to the **2004** figure (64.6%).

Figure 77. Blunt assault admissions to Trauma Centres for 2005 by admission type

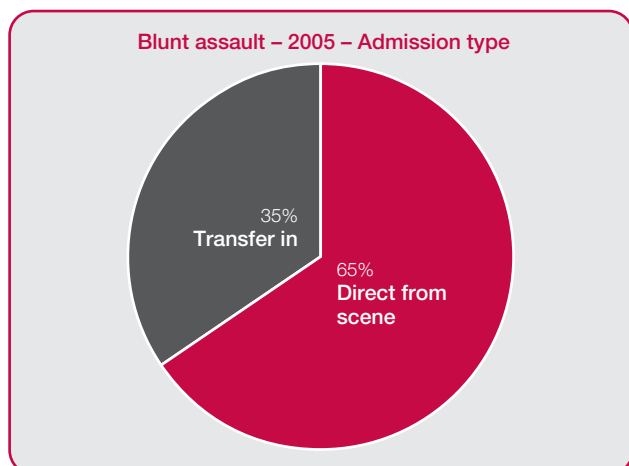
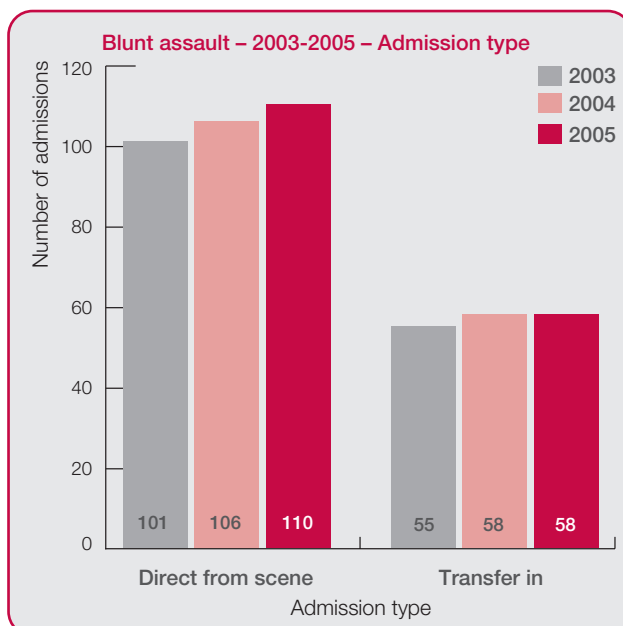


Figure 78. Blunt assault related admissions to Trauma Centres for 2003-2005 by admission type



Time of day and day of week

Blunt assaults in 2005 were most common **between 1am and 2am** (14 admissions) and **between 3am and 4am** (13 admissions). The **busiest day** of the week recorded for blunt assaults was **Saturday**, with 41 admissions.

Figure 79. Blunt assault related admissions to Trauma Centres for 2003-2005 by hour of day injury occurred

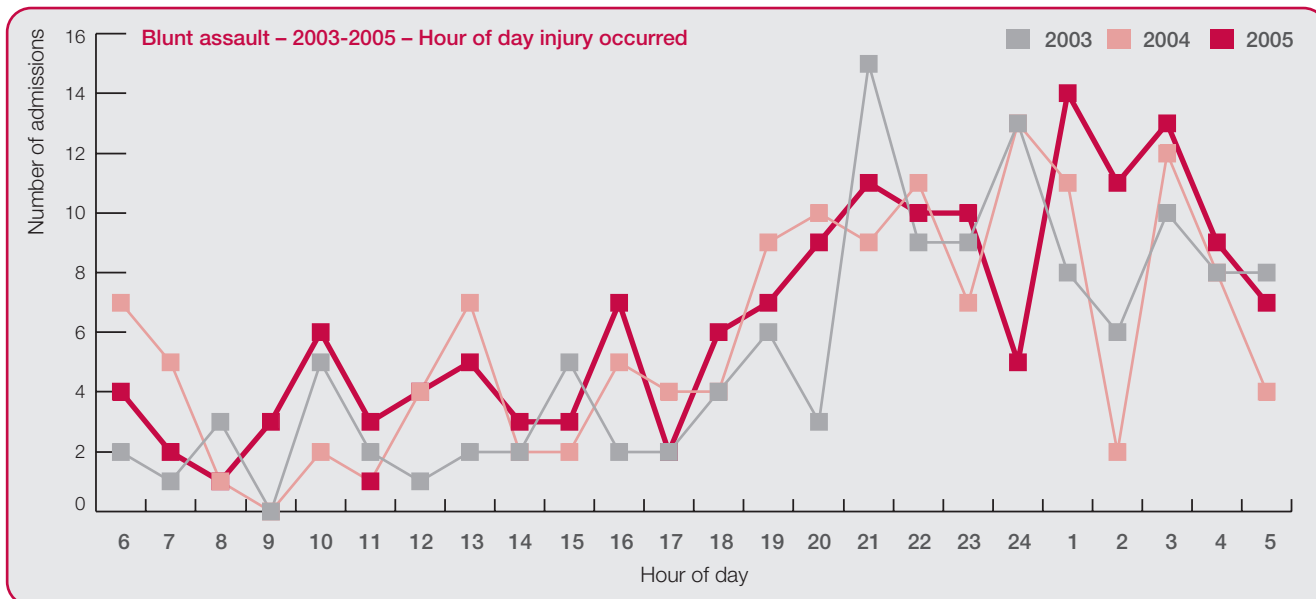
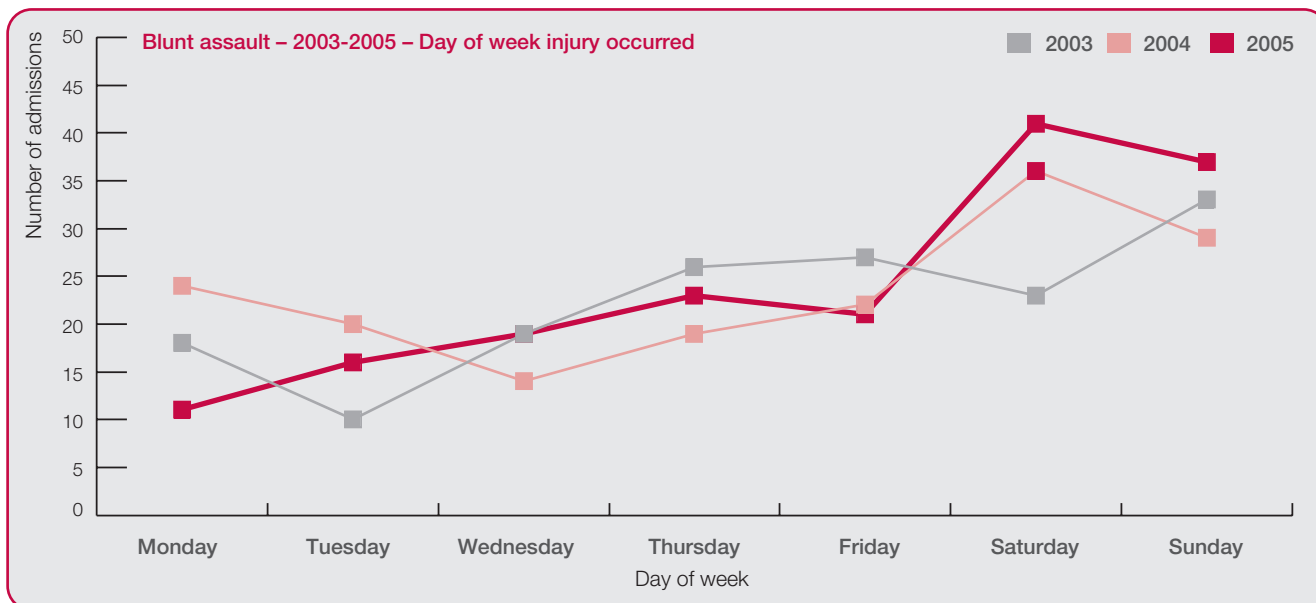


Figure 80. Blunt assault related admissions to Trauma Centres for 2003-2005 by day of week injury occurred



Injury severity

Two per cent of blunt assault related injuries in 2005 were in the ISS 41-75 range, much lower than the overall figure of 8.2% for this ISS range across all mechanism of injury for 2005.

Figure 81. Blunt assault related admissions to Trauma Centres for 2005 by ISS Range

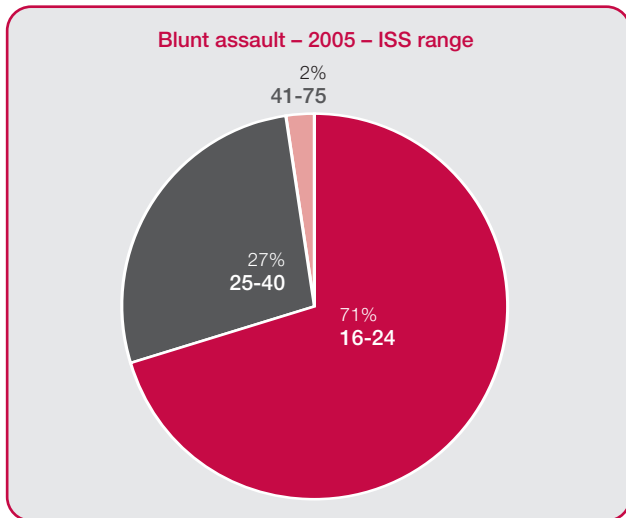
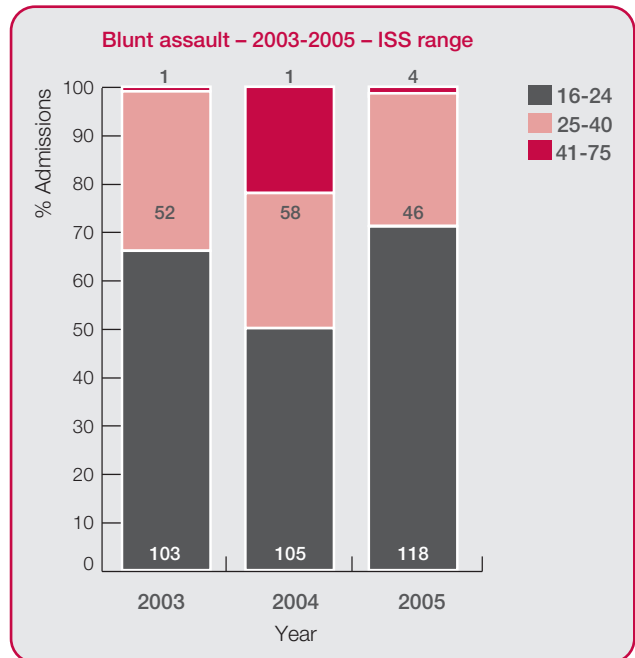


Figure 82. Blunt assault related admissions to Trauma Centres for 2003-2005 by ISS range



Time to definitive care

Over 87% of people transported directly to a definitive trauma hospital from the scene of their blunt assault in 2005 arrived within two hours of the time of injury, in an average 55 minutes.

Table 28. Times to definitive trauma hospital for blunt assault related trauma patients²⁸

| Time period | Direct from scene | Transfer in |
|-----------------------|--|--|
| 0-2 hours | 83 patients (87.4%) 55 minutes | – |
| 2-6 hours | 4 patients (4.2%) 2 hours 53 minutes | 7 patients (14.6%) 4 hours 9 minutes |
| 6-12 hours | – | 21 patients (43.8%) 7 hours 56 minutes |
| 12-24 hours | 4 patients (4.2%) 17 hours 16 minutes | 10 patients (20.8%) 17 hours 59 minutes |
| Greater than 24 hours | 4 patients (4.2%) 90 hours 22 minutes | 10 patients (20.8%) 53 hours 38 minutes |

²⁸ Times to definitive trauma hospital are calculated only where times of injury are known.