

Brief for Prevention of Injury in Australian Children

The first national profile of the causes, characteristics, treatment costs and survival rates of childhood hospitalised injury was released on June 13 2017. The key findings include:

- Injury is the leading cause of death in Australian children, leading to twice as many hospital admissions annually than cancer, diabetes and cardiovascular disease combined.
- Child injury hospitalisation rates have not changed over a 10-year period.
- Child injury hospitalisation costs were \$2.1 billion
- Unadjusted child deaths following injury hospitalisation have increased (108 to 149 deaths/year).
- Children have a significantly higher risk of dying from their injuries if their usual residence is regional/remote Australia.
- A higher proportion of injured children in all age groups reside in areas of socioeconomic disadvantage.

These findings are reflected in Australia's poor position in global childhood outcomes. Australia lags behind other developed nations, ranking 16th. This is likely a reflection of Australia being one of the only developed nations without a child injury action planⁱⁱ. The WHO World report on child injury prevention provided evidence based examples of injury prevention in 2008ⁱⁱⁱ and in response to this most recent Australian data, we seek action and provide the methods with which to do so.

We recommend that:

- As a matter of urgency, the Federal Government re-establish a national injury prevention framework and implementation plan that is based on fact and evidence.
- The Federal Government establish a routine injury surveillance system using real time access to hospital record data.
- The Australian Trauma Quality Improvement Program and National Trauma Registry should be enhanced to enable consistent and uniform high quality care across Australia.

These recommendations can be achieved with an investment of \$80 million over 10 years. The cost of treating more than 680,000 Australian children (aged 1-16 years) hospitalised for injuries in the 10 years to 2012 was \$2.1 billion. The lifetime costs for just one traumatic brain injury is \$4.8 million^{iv} Even if the injury rate was halved, there would be a saving of more than \$105 million each year. Enforcement of simple measures like bicycle helmets would result in \$29 for every \$1 spent^v.

ⁱ UNICEF, 'A league table of child deaths by injury in rich nations', Innocenti Report Card No.2, 2001

ⁱⁱ MacKay M and Vincenten J. Action Planning for Child Safety: a strategic and coordinated approach to reducing the number one cause of death for children in Europe. Amsterdam: European Child Safety Alliance, Eurosafe; 2007.

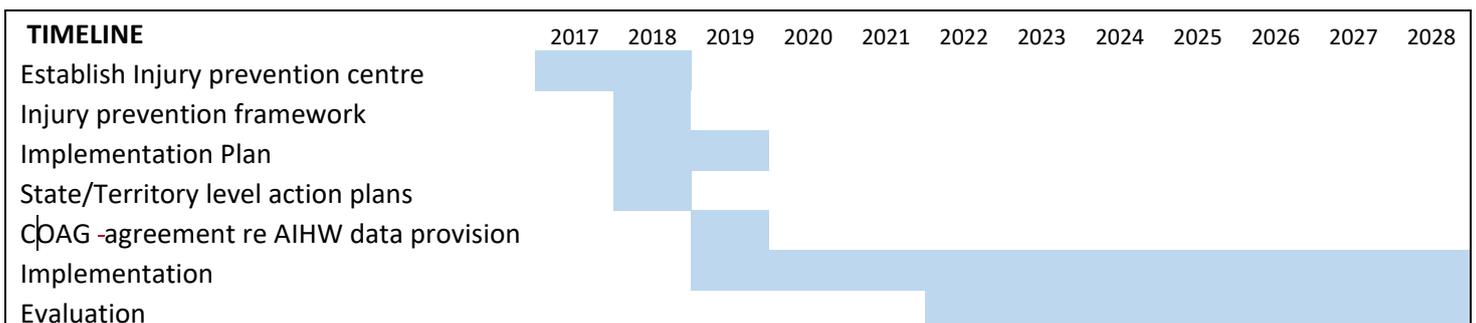
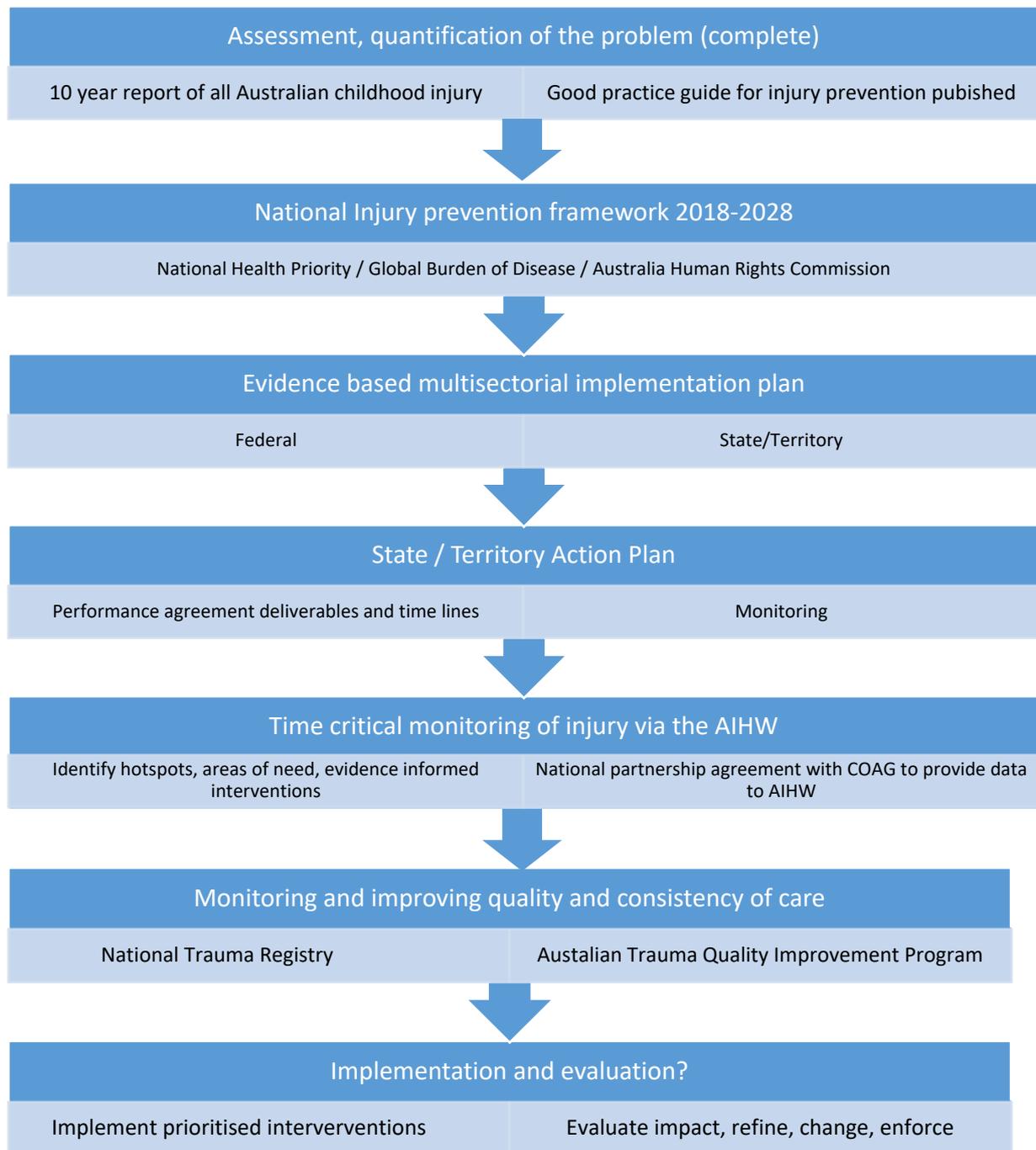
ⁱⁱⁱ World report on child injury prevention. Peden et al. WHO. Geneva 2008

^{iv} <https://www.tac.vic.gov.au/about-the-tac/our-organisation/research/tac-neurotrauma-research/vni/the20economic20cost20of20spinal20cord20injury20and20traumatic20brain20injury20in20australia.pdf>

^v Miller TR, Levy DT. Cost outcome analysis in injury prevention and control: eighty-four recent estimates for the United States.



ACTION PLAN



Item	per year	Years	Total	Justification
Director Injury Prevention Commission	\$200,000	10	\$2,000,000	Oversight, high level liaison, a fractional position
Injury Prevention Commission manager	\$120,000	10	\$ 1,200,000	Manage budget, lead writing of injury prevention strategy and prioritisation
Project manager x2	\$220,000	10	\$2,200,000	Write implementation plan in consultation with key stakeholders (state/federal government, data, community, experts. Annual evaluation reports in later stages. Including liaison and assistance with deliverables by states and AIHW to include economic, injury impact
Administrative support	\$85,000	10	\$ 850,000	Administrative support
Office space	\$50,000	10	\$ 500,000	
Consumables	\$ 40,000	10	\$ 400,000	
AIHW staff member	\$110,000	10	\$ 1,100,000	For real time data linkage and reporting of injury surveillance
National Trauma Registry	\$350,000	10	\$ 3,500,000	Monitor quality of care and outcomes of patients with major injury to improve consistency of care, provide site specific recommended interventions
State / Territory support	\$560,000	10	\$5,600,000	Dedicated fractional position for injury monitoring in each State / Territory
Specific project implementation	\$3,000,000	8	\$ 24,000,000	Communications, marketing, consumables (eg bicycle helmets for particularly vulnerable groups, PARTY program)
Travel / meetings	\$30,000	10	\$300,000	
Major trauma family support coordinator	\$800,000	10	\$8,000,000	Each major paediatric trauma centre (7), prevents readmissions, coordinates psychosocial care
Analyst	\$120,000	10	\$1,200,000	Analyse economic impact, evaluate outcomes of strategy
Injury prevention nurses	\$3,600,000	9	\$32,400,000	Each major trauma network (30 in total) - dual role - monitoring and local implementation
Total			\$ 83,250,000	