



Injuries At A Glance – Cycling Injuries

Last Updated: May 2017

Highlights

- Since 2007, the hospital separation rates in Durham Region males **declined**. The rates in females were too unstable to report. In 2015, there were 32 hospitalizations due to cycling injuries in Durham Region residents.
- In 2015, the hospital separation rate in Durham Region males was **lower** than Ontario's rates.
- Since 2003, the ED visit rates in Durham Region females were stable while the rates in males **declined**. In 2015, there were 910 ED visits due to cycling injuries in Durham Region residents.
- In 2015, the ED visit rates in Durham Region females and males were **lower** than Ontario's rates.
- Since 2003, the ED visit rates in Durham Region females were consistently **lower** than males. In 2015, the rate in Durham Region males was 3 times higher than the rate in females.

Introduction

Charts and tables are provided for the following indicators for cycling injuries for Durham Region:

- Age-Standardized Hospital Separation Rates
- Age-Standardized ED Visit Rates

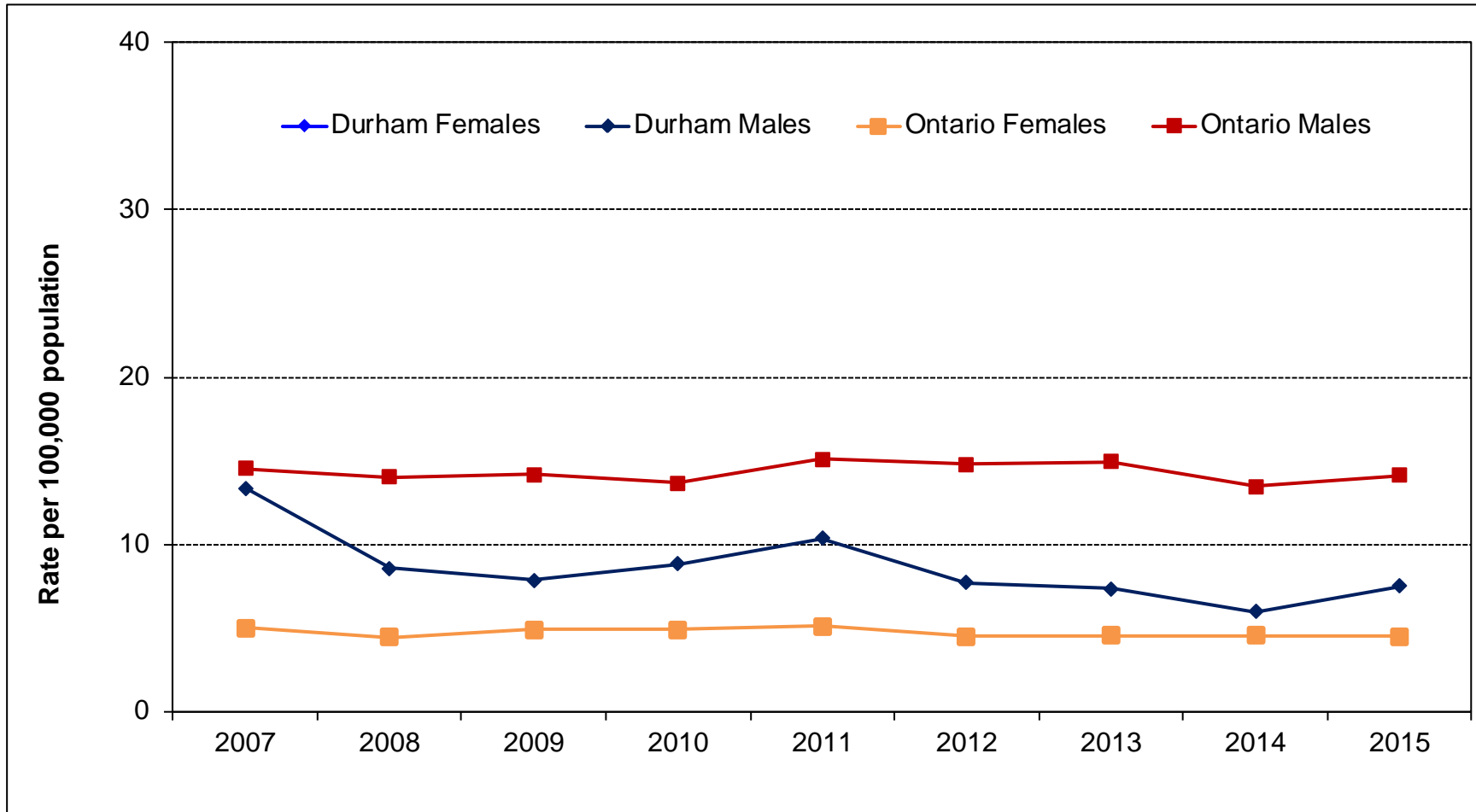
The following websites provide additional local information on the burden of injuries in Durham Region.

[Health Statistics in Durham Region](#) (sports injuries)

[Public Health Ontario - Snapshots](#) (traumatic brain injuries)

For more information on helmet use, or if you require this information in an accessible format, please contact Durham Health Connection Line at 905-666-6241 or 1-800-841-2729.

Figure 1: Age-Standardized Hospital Separation Rates for Cycling Injuries, Durham Region and Ontario, 2007-2015

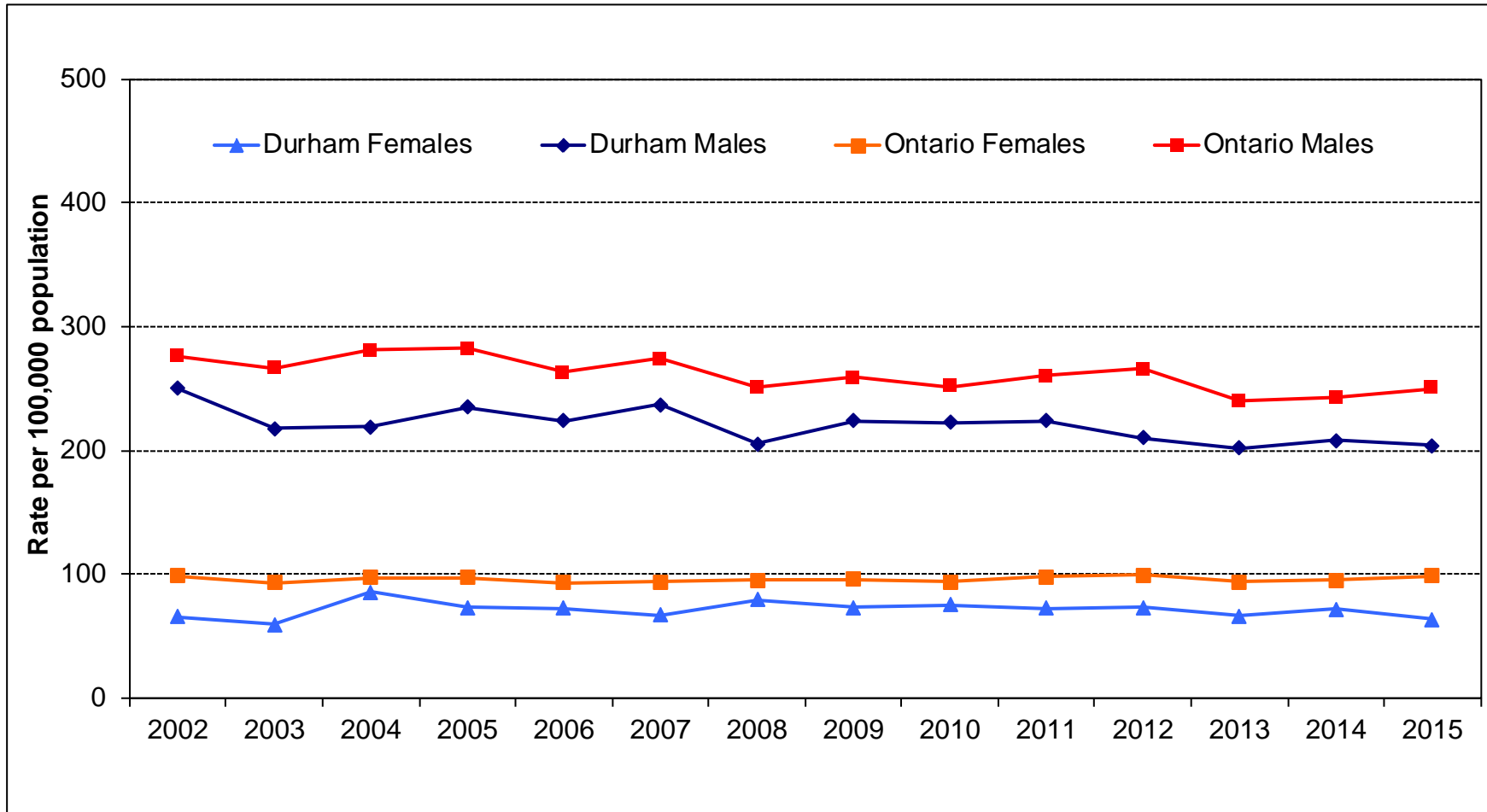


Rates/Counts	2007	2008	2009	2010	2011	2012	2013	2014	2015
Durham Female Rate	-	-	-	-	-	-	-	-	-
Durham Male Rate	13.4	8.5	7.8	8.8	10.4	7.7	7.3	6.0	7.5
Ontario Female Rate	5.0	4.4	4.9	4.9	5.1	4.5	4.5	4.5	4.5
Ontario Male Rate	14.5	14.0	14.2	13.7	15.1	14.8	14.9	13.5	14.1
Durham Female Total #	-	6	10	10	8	-	9	12	7
Durham Male Total #	42	27	25	29	34	25	24	20	25

Data Source: Inpatient Discharges and Ontario Population Estimates 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO

Hospital separations for cycling injuries are selected using ICD-10-CA codes V10-V19. Includes injuries occurring on and off public streets, roadways or highway, as well as injuries while boarding or alighting.

Figure 2: Age-Standardized ED Visit Rates for Cycling Injuries, Durham Region and Ontario, 2003-2015



Rates/Counts	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Durham Female Rate	59.4	85.8	73.2	72.6	66.8	79.7	73.4	75.6	72.6	73.4	66.7	71.8	63.6
Durham Male Rate	217.7	219.3	234.9	224.1	237.4	205.3	224.1	222.6	224.2	209.9	201.8	208.4	204.1
Ontario Female Rate	93.5	97.3	97.6	93.2	94.1	95.3	95.7	94.2	97.8	99.8	94.0	95.0	98.6
Ontario Male Rate	266.6	281.2	282.5	263.2	274.1	250.7	258.9	251.9	260.2	266.3	239.5	242.7	250.3
Durham Female Total #	207	284	243	246	227	269	243	255	243	247	225	241	216
Durham Male Total #	744	745	813	770	811	694	761	758	758	711	689	710	694

Data Source: Emergency Department Visits and Ontario Population Estimates 2003-2015, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO

ED visits for cycling injuries are selected using ICD-10-CA codes V10-V19. Includes injuries occurring on and off public streets, roadways or highway, as well as injuries while boarding or alighting.

Data Sources

Hospitalization and Emergency Department (ED) Visit data are collected by the Canadian Institute for Health Information (CIHI) on a fiscal year basis. For hospitalizations, the main diagnostic code gives the primary reason for the hospital stay or "most responsible diagnosis" (MRD) while for ED visits, the main diagnostic code is the 'main problem' (MP) that is deemed to be the clinically significant reason for the visit. A second set of codes, external cause codes, are used to classify the environmental events, circumstances and conditions that cause an injury (i.e. accidental fall). External cause codes are not used as a MRD or MP so need to be examined separately. Multiple external cause codes can exist for each separation (discharge, death or transfer) or visit. The counts shown for groupings of external cause codes (i.e. ICD-10 codes W00-W19 for falls) are actually counts of codes not counts of separations or visits.

A small number of separations or visits may be double or triple counted when an individual has two or more codes within a code range for the same hospitalization or visit (i.e. an individual visits the emergency department or is hospitalized for a fall down stairs [W10] involving a skateboard [W02.03]). Co-morbidity, where a patient may have more than one disease or condition, contributes uncertainty to classifying the MRD or MP.

A person may be hospitalized or visit the ED several times for the same injury, or discharged from more than one hospital (when transferred) or ED for the same injury. Hospitalization and ED visit data provides only a crude measure of the prevalence of an injury. Data are influenced by factors that are unrelated to health status such as availability and accessibility of care, administrative policies and hospital procedures. For example, the 2003 SARS outbreaks likely reduced admissions in affected hospitals including Durham Region. This may influence comparisons between areas and over time.

For all indicators, data are analyzed by the residence of the patient, not where the hospitalization or emergency department visit occurred. For hospitalizations and ED visits, Ontario residents treated outside of the province are excluded, however, less than 0.5% of hospitalizations for Ontario residents are out-of-province. Data are reported by calendar year, based on year of separation or visit. This report includes hospitalization and ED visit indicators with relevance to public health programming, as outlined in the Ontario Public Health Standards (OPHS). The new OPHS were published in 2008 by the Ministry of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act.

Age-standardized hospital separation and ED visit rates are suppressed (denoted by a dash) when the total number of separations or visits included in the rate is less than 20. Counts of hospital separations or ED visits are suppressed (denoted by a dash) when there are less than 5.

Definitions

Definition: Age-Standardized Hospital Separation Rate

An Age-Standardized Hospital Separation Rate is the number of hospital separations per the population that would occur if the population had the same age distribution as the 2011 Canadian population (per 100,000). This rate provides a single summary number that allows populations with different age compositions to be compared.

Definition: Age-Standardized ED Visit Rate

An Age-Standardized ED Visit Rate is the number of ED visits per the population that would occur if the population had the same age distribution as the 2011 Canadian population (per 100,000). This rate provides a single summary number that allows populations with different age compositions to be compared.