
Acute Separations related to Sporting Injuries, Queensland, 2011/2012 – 2016/2017 (updated)

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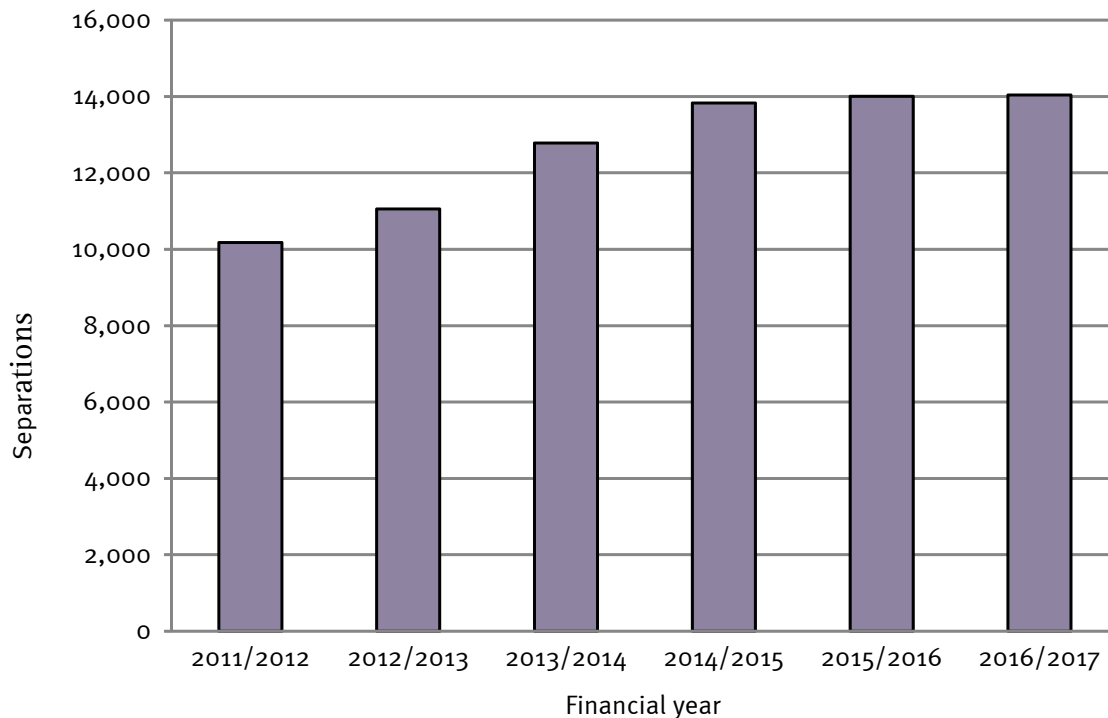
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The Queensland Hospital Admitted Patient Data Collection (QHAPDC) contains data on all admitted patient episodes of care ('separations') in public and private acute hospitals in Queensland. Data for acute separations related to sporting injuries can be identified by the external cause activity codes ICD10-AM U50 – U71 ('while engaged in sports or leisure'). Acute hospital separations from 2011/2012 to 2016/2017 relating to sporting injuries were selected from the QHAPDC for all public and private hospitals in Queensland.

Between 2011/2012 and 2016/2017 there was a total of 75,896 acute separations in Queensland public and private hospitals related to sporting injuries (Figure 1). The number of separations relating to sporting injuries has increased each year from 2011/2012 to 2016/2017.

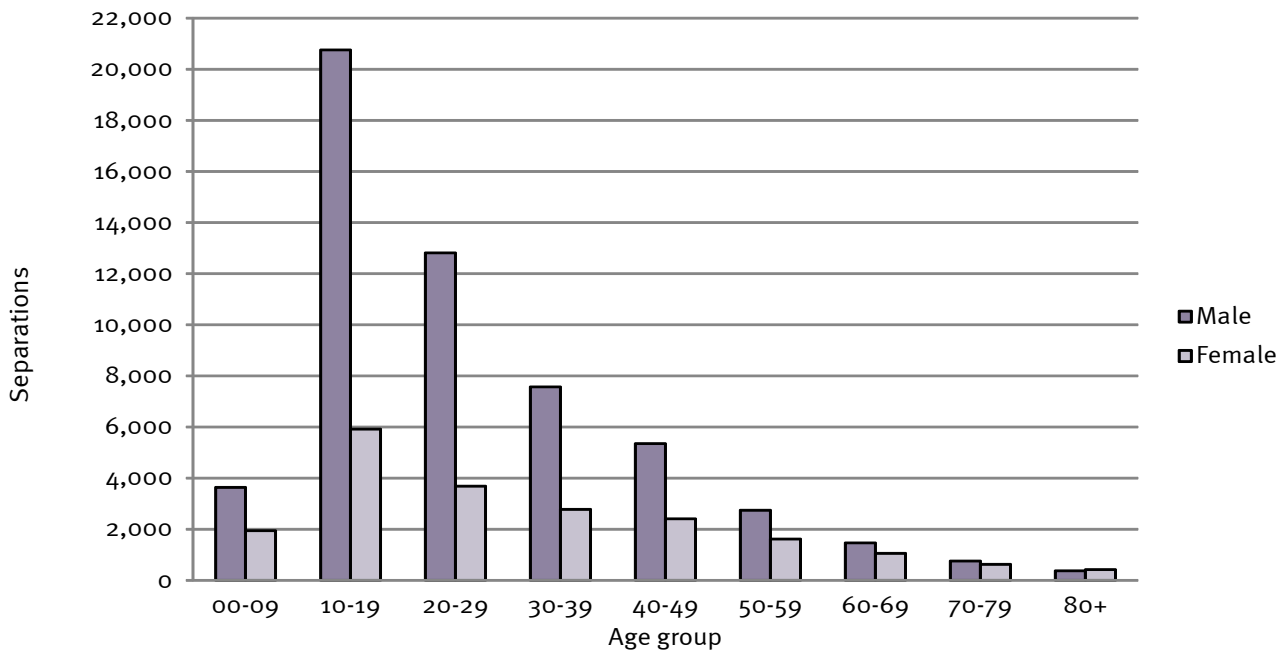
Figure 1. Acute separations relating to sporting injuries, public and private acute hospitals, Queensland, 2011/2012 to 2016/2017



Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC).
Excludes separations for unqualified newborns, posthumous organ procurement and boarders.

Figure 2 shows that the '10 to 19 years' age group had the highest number of acute separations related to sporting injuries in 2011/2012 to 2016/2017 (26,667). There were more sports related separations for males than females across all age groups except '80+ years'.

Figure 2. Acute separations related to sporting injuries, by sex and age group, public and private acute hospitals, Queensland, 2011/2012 to 2016/2017



Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC).
Excludes separations for unqualified newborns, posthumous organ procurement and boarders.

Musculo-skeletal injuries are the most common diagnoses for acute separations related to sporting injury. The top 10 Diagnosis Related Groups (DRGs) for males and females are presented in Table 1 below. The most common DRG was I74Z (Injury to forearm, wrist, hand or foot) with an average length of stay (ALOS) of 1.1 days. Of these top ten DRGs, the highest ALOS for both males and females was DRG I13B (Humerus, tibia, fibula and ankle procedures w/o cc) with an ALOS of 2.6 and 2.9 days for males and females respectively.

Table 1. Top Ten DRGs (Diagnosis Related Groups), acute separations related to sporting injuries, by sex, public and private acute hospitals Queensland, 2011/2012 to 2016/2017

DRG Description (Version 6.0)	Males			Female		
	Separations	Patient Days	ALOS	Separations	Patient Days	ALOS
Injury To Forearm, Wrist, Hand Or Foot	5,505	5,892	1.1	2,458	2,700	1.1
Other Head Injury	5,767	6,108	1.1	1,751	1,893	1.1
Injury To Shoulder, Arm, Elbow, Knee, Leg Or Ankle W/O Cc	4,794	6,010	1.3	1,958	2,587	1.3
Humerus, Tibia, Fibula And Ankle Procedures W/O Cc	3,832	10,068	2.6	1,657	4,783	2.9
Knee Reconstruction Or Revision	3,337	3,689	1.1	1,760	1,994	1.1
Injuries W/O Catastrophic Or Severe Cc	3,480	3,992	1.1	1,288	1,491	1.2
Other Elbow Or Forearm Procedures W/O Cc	2,538	3,663	1.4	1,273	1,803	1.4
Hand Procedures	3,018	3,599	1.2	676	765	1.1
Trauma To The Skin, Subcutaneous Tissue And Breast W/O Cat Or Sev Cc	1,685	1,884	1.1	661	768	1.2
Other Knee Procedures	1,241	1,616	1.3	486	648	1.3

Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC).
Excludes separations for unqualified newborns, posthumous organ procurement and boarders.

Table 2 shows that the most prevalent principal diagnosis for sports related injuries was 'Fracture of the forearm' for both males and females.

Table 2. Top Ten Principal Diagnoses (ICD10-AM), acute separations related to sporting injuries, by sex, public and private acute hospitals Queensland, 2011/2012 to 2016/2017

Principal Diagnosis (ICD-10-AM)	Description	Male	Female	Total
S52	Fracture of forearm	6,782	3,405	10,187
S82	Fracture of lower leg, including ankle	5,698	2,163	7,861
S83	Dislocation. Sprain and strain of joints and ligaments of knee	4,747	2,417	7,164
S06	Intracranial injury	4,549	1,223	5,772
S62	Fracture at wrist and hand level	3,363	780	4,143
S42	Fracture of shoulder and upper arm	2,961	1,139	4,100
S02	Fracture of skull and facial bones	2,943	556	3,499
S09	Other and unspecified Injuries of head	2,262	833	3,095
S43	Dislocation of, sprain and strain of joints and ligaments of shoulder girdle	1,495	252	1,747
S22	Fracture of rib(s), sternum and thoracic spine	1,275	389	1,664

Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC).
Excludes separations for unqualified newborns, posthumous organ procurement and boarders.

The morbidity coding within QHAPDC allows for the recording of the sport that was being played when the injury occurred. The top 10 sporting activities recorded as an external cause for sporting-related acute separations between 2011/12 and 2016/17 are listed in Table 3 (more than one activity may be recorded).

Table 3. Top Ten sporting activities occurring when injury was sustained, public and private acute hospitals Queensland, 2011/2012 to 2016/2017

ICD-10-AM	Description	Male	Female	Total
U50	Team ball sports	21,710	4,691	26,401
U66	Wheeled non-motor sports	11,017	3,155	14,172
U65	Wheeled motor sports	6,050	607	6,657
U54	Individual water sports	4,485	1,593	6,078
U63	Equestrian activities	1,607	3,035	4,642
U56	Individual athletic activities	1,239	1,346	2,585
U70	Other sports	1,461	1,054	2,515
U71	Unspecified sports	1,415	819	2,234
U51	Team bat or stick sports	1,493	461	1,954
U61	Combative sports	1,247	216	1,463

Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC).
Excludes separations for unqualified newborns, posthumous organ procurement and boarders.

This *Statbite* has presented a brief summary of hospitalisations in Queensland hospitals for sports related injuries. For further information and other reports see the [Statistical Services Branch web page](#).