The Ontario Injury Prevention Resource Centre
housed at
SMARTRISK
with the assistance of
Public Health Ontario
a funding partner of the Ontario Injury Prevention Resource Centre
is pleased to present the

Ontario Injury Data Report

Ontario Injury Prevention Resource Centre
Helping injury prevention practitioners reduce injury in Ontario

Suggested Citation:
SMARTRISK: Toronto, ON.

Copyright 2012 ISBN 1-894828-38-0
Version 1.0
Acknowledgments

The lead authors of this report are Pamela Kennedy [Farmer], Manager, Research and Evaluation; and Jayne Morrish, Research Associate; with assistance from Gill Balboul, Research Assistant; Michael Gemar, IT Administrator and Creative Services Coordinator; Kathy Blair, Writer; Linda Yenssen, Manager of the Ontario Injury Prevention Resource Centre; and Philip Groff, President and CEO, SMARTRISK.

The authors would like to acknowledge the contributions of Badal Dhar, Health Analyst, Public Health Ontario, for his expertise in data extraction, transformation and quality checking; and Michelle Policarpio, Health Analyst, Public Health Ontario, for her support in data extraction and quality checking; Ruth Sanderson, Manager, Analytic Services, Public Health Ontario; and JoAnn Heale, Senior Health Analyst, Ministry of Health and Long-Term Care, Health Analytics Branch; for their overall support, in particular in the data extraction process.

The Ontario Injury Prevention Resource Centre (OIPRC), housed at SMARTRISK is a resource centre of Public Health Ontario in the Health Promotion, Chronic Disease and Injury Prevention Department.

The authors of this document would like to acknowledge that the data were received from the Ministry of Health and Long-Term Care’s IntelliHEALTH Database.

The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by Public Health Ontario is intended or should be inferred.

The views expressed within this Report are those of the authors and do not necessarily reflect those of the Government of Ontario or the Ministry of Health and Long-Term Care.

We would also like to thank the members of the Advisory Committee for their invaluable contributions throughout the production of this report: Christina Bradley, Niagara Public Health; Patricia Cliche, SMARTRISK; Lorna Boratto, Oxford County Public Health; Michelle Schwarz, Halton Public Health; Carol Goodall, Hastings and Prince Edward County Public Health; Ron Waldie, Safe Communities Canada; and Hélène Gagné, Ontario Neurotrauma Foundation. Additionally, we thank Dr. Alison Macpherson, York University, for her input during the review process.

Finally, we’d like to thank several eastern region epidemiologists and representatives for their helpful contributions in the the initial checking of numbers in their area: Suzanne Fegan, Kingston, Frontenac, Lennox and Addington Public Health; John Cunningham, Leeds, Grenville & Lanark District Health Unit; Eric Serwotka, Hastings and Prince Edward Counties Health Unit; Amira Ali and Jacqueline Willmore, Ottawa Public Health; Gamil Shahein, Eastern Ontario Health Unit; and Peggy Patterson, Renfrew County and District Health Unit.
Format of the Ontario Injury Data Report

Due to the amount of data, the Ontario Injury Data Report is not one document, but has been divided into separate documents for each Health Unit. Readers are encouraged to obtain the particular sections of the report they are most interested in from the Ontario Injury Prevention Resource Centre’s website at www.oninjuryresources.ca.

This summary section provides an overview of the project and important information on methodology and interpretation.
# Table of Contents

**Ontario Injury Data Report Summary** ................................................................. 1

Introduction ............................................................................................................. 1

*Purpose of Ontario Injury Data Report* ................................................................. 1

Findings ..................................................................................................................... 2

*Information about the OIPRC* ............................................................................. 4

**Reading the Ontario Injury Data Report** ......................................................... 4

Definitions ............................................................................................................... 4

Hospitalizations ....................................................................................................... 4

Emergency Room Visits (ER) ................................................................................ 4

Deaths ....................................................................................................................... 5

*Data Years Reported* ......................................................................................... 5

Hospitalizations and Emergency Room Visits ...................................................... 5

Deaths ....................................................................................................................... 5

*Reading the Tables* ............................................................................................ 5

Health Unit Abbreviations ...................................................................................... 5

**Methodology** ..................................................................................................... 6

*Advisory Committee* .......................................................................................... 6

*Data extraction process for injury report* .......................................................... 7

Emergency Visit, external cause of injury ............................................................. 7

Hospitalization, external cause of injury ............................................................... 8

Death, external cause of injury ............................................................................... 8

*Population, estimate data* .................................................................................. 8
Data processing

ICD10 codes used

Falls

Other fall

Falls location of injury

Motor Vehicle Collisions (On Road)

Motor Vehicle Collisions (Off Road)

Sports and recreation

Intentional injury

Intentional injury other

Intentional self-harm

Intentional self-harm other

Quality assurance

Provincial totals vs. health unit totals

Residual disclosure

Individual Health Unit Reports available for download from:

www.oninjuryresources.ca
Ontario Injury Data Report Summary

Introduction

The Ontario Injury Prevention Resource Centre and SMARTRISK are pleased to present the Ontario Injury Data Report.

Injury is the leading cause of death for Canadians 1 to 44 years of age and is the fourth leading cause of death for Canadians of all ages. In addition to the great personal loss experienced by those affected by injuries, there are also great financial costs to our society. For example, in SMARTRISK’s The Economic Burden of Injury in Canada report, it was found that in 2004, injuries cost the Ontario economy $6.8 billion and the Ontario population 4,643 lives.

Injury can be defined as the physical damage that results when a human body is suddenly or briefly subjected to intolerable levels of energy. The time between exposure to the energy and the appearance of an injury is short and can come in many forms. These include thermal energy (e.g., scalds or burns); mechanical energy (e.g., collisions, falls or gashes); electrical energy (e.g., electrical shocks); chemical energy (e.g., poisonings); or the absence of heat or oxygen (e.g., hypothermia or suffocation). External causes of injuries can be classified as intentional (self-harm or assault) or unintentional (motor vehicle collisions, falls, drowning and poisoning when there is no intent to harm). This report includes both intentional and unintentional injury counts and rates. Evidence has indicated that both categories of injury have their own unique risk factors and are receptive to interventions.

Injuries have been described as the “invisible epidemic” or as the “neglected disease”, as they occur in great numbers and there is a widespread misconception in society that they are accidents which are a part of everyday life. However, injuries, even unintentional injuries, are not accidents. Accidents have been defined as unavoidable acts of fate. Most injuries, however, are causally related to specific events and multiple factors such as age, gender, risk perception, socio-economic status, risk-taking tendencies, injury mechanism and culture. As such, injuries are both predictable and preventable.

Purpose of Ontario Injury Data Report

This data report presents the counts and rates of injury related Emergency Department visits, Hospitalizations and Deaths by cause of injury in Ontario as a whole as well as separately for each Health Unit. By providing these counts and rates, communities throughout the province can begin to better understand the most common injury causes throughout the various health

---

1 Statistics Canada (1998).


units in our province and work to develop and implement evidence based strategies tailored to their specific needs. Such initiatives may aid in reducing the occurrence of injury and injury related deaths in our province.

These data also identify population subgroups who are more vulnerable to or at a higher risk for a particular cause of injury. As such, these data will aid in informing the development and implementation of appropriate health promotion programming and injury prevention strategies targeting specific injury causes and specific age groups.

Thus, this report will assist health units in identifying and setting priorities, as well as meeting the fundamental standards and accountability agreements for injury prevention. With access to information on injury in other areas of Ontario, communities can connect with one another, share knowledge and promote effective strategies together aimed at reducing the burden of injury in our society.

**Findings**

The report illustrates that the top five injuries resulting in emergency room visits, hospitalizations and deaths were as follows:

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>755,326</td>
</tr>
<tr>
<td>Inanimate</td>
<td>709,533</td>
</tr>
<tr>
<td>Sports and Recreation</td>
<td>324,033</td>
</tr>
<tr>
<td>Animate</td>
<td>170,863</td>
</tr>
<tr>
<td>On Road</td>
<td>131,223</td>
</tr>
</tbody>
</table>

---

4 Examples of injuries due to contact with animate objects: Struck, kicked, bitten, scratched or stepped on by another person, pushed in crowd, bitten or stung by animal/insect/reptile, contact with plant thorns, venomous plants or animals.

Examples of injuries due to contact with inanimate objects: Struck against or struck by sports equipment, other objects (walking into a wall), crushed, jammed, pinched between objects, contact with glass, knives, hand tools, household and agricultural machinery, handgun discharge, explosions, electric current.
Table 2. Top five mechanisms of injury resulting in the largest proportion of injury related hospitalizations, Ontario, fiscal year 2007-2009

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>72,135</td>
</tr>
<tr>
<td>Inanimate</td>
<td>8,986</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>8,897</td>
</tr>
<tr>
<td>On Road</td>
<td>8,126</td>
</tr>
<tr>
<td>Sports and Recreation</td>
<td>5,475</td>
</tr>
</tbody>
</table>

Table 3. Top five mechanisms of injury resulting in the largest proportion of injury related deaths, Ontario, calendar year 2001-2005

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Harm</td>
<td>5,026</td>
</tr>
<tr>
<td>Falls</td>
<td>4,663</td>
</tr>
<tr>
<td>On Road</td>
<td>3,288</td>
</tr>
<tr>
<td>Poisoning</td>
<td>1,589</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>783</td>
</tr>
</tbody>
</table>

The numbers above identify the most common injuries within the province and highlight potential areas in which public health practitioners, policy makers and researchers can focus their attention and efforts. For example, it was expected that falls would contribute to a significant portion of injuries in this province. With these data, communities can promote further efforts and prioritization around the issue of falls. Further, it was found that self harm is a leading cause of injury related death in the province of Ontario and may warrant further study and programming efforts.
Information about the OIPRC

The Ontario Injury Prevention Resource Centre (OIPRC), housed at SMARTRISK, is a resource centre of Public Health Ontario in the Health Promotion, Chronic Disease and Injury Prevention Department.

The OIPRC has several objectives:

- To increase the knowledge, skill and confidence of injury prevention practitioners in the planning, implementation and evaluation of injury prevention initiatives in Ontario.
- To provide relevant and timely training for practitioners equitably across the province, to meet the needs of the priority populations identified.
- To provide communication, information and knowledge exchange services.
- To provide customized data information and assistance, using the most current information available.
- To engage key stakeholders to advance injury prevention and increase clients’ awareness, understanding and access to appropriate injury prevention services and resources.

This report itself does not serve as a better practices piece, but the OIPRC does provide services related to best practices. For example, the OIPRC offers workshops designed to aid public health practitioners in priority setting, evaluation and social marketing. Additionally, the OIPRC’s website has a best practices section with examples of best practices for public health practitioners to refer to when designing and implementing their own health promotion and injury prevention programming. For more information about the OIPRC, please see our website at www.oninjuryresources.ca.

Reading the Ontario Injury Data Report

Various definitions, timeframes and abbreviations have been used when developing this report, which are outlined below.

Definitions

Three injury outcomes have been isolated within this report:

Hospitalizations

These cases represent the total number of hospital separations from selected causes of injury.

Emergency Room Visits (ER)

These cases represent the total number of Emergency Department visits from selected causes of injury.
Deaths

These cases represent the total number of deaths each from selected causes of injury.

**Data Years Reported**

The data presented in the report were extracted from the most recent years for hospitalizations, emergency room visits, and deaths available from IntelliHEALTH at the time of extraction.

**Hospitalizations and Emergency Room Visits**

All data for hospitalizations and emergency room visits cover fiscal years 2007/2008 and 2008/2009 and therefore represent two fiscal years, from the period of April 1, 2007 to March 31, 2009. In the tables, this is represented as FY 2007-2009.

**Deaths**

All data for deaths cover calendar years 2001-2005 and therefore represent five calendar years. In the tables, this is represented as CY 2001-2005.

**Reading the Tables**

Please note that when tables contain blanks, this indicates that there were no injuries for this category. Blanks have been used to ensure easy readability of the tables.

All rates are rounded to one decimal place. Any rates below .05 are reported as “<.1”.

The instances where injury counts that were less than five have been suppressed in order to avoid residual disclosure and thus comply with IntelliHEALTH release guidelines, are represented by “<5”. Any rates associated with these suppressed cell counts are represented by “/”.

It should be noted that for some health units tables contain very little data. In these instances we have not removed the tables and have left it up to the individual users to decide the utility of the tables.

**Health Unit Abbreviations**

In the tables, abbreviations have been used to refer to the health units in Ontario. Below we have included a list of each health unit and its corresponding abbreviation.

Algoma – ALG  
Brant – BRA  
Chatham-Kent – CHK  
Durham – DUR  
Eastern Ontario – EAS  
Elgin St. Thomas – EST  
Grey Bruce – GRB  
Haldimand-Norfolk – HNF
Haliburton, Kawartha, Pine Ridge – HKP
Halton – HLT
Hamilton – HAM
Hastings and Prince Edward – HPE
Huron – HUR
Kingston, Frontenac and Lennox & Addington – KFL
Lambton – LAM
Leeds, Grenville and Lanark – LGL
Middlesex-London – MDL
Niagara – NIA
North Bay Parry Sound – NBP
Northwestern – NW
Ontario - ONT
Ottawa – OTT
Oxford – OXF
Peel – PEL
Perth – PER
Peterborough – PET
Porcupine – POR
Renfrew – REN
Simcoe Muskoka – SIM
Sudbury – SUD
Thunder Bay – THU
Timiskaming – TIM
Toronto – TOR
Waterloo – WAT
Wellington-Dufferin-Guelph – WDG
Windsor Essex – WE
York – YOR

Methodology

Advisory Committee

Prior to the production of this report, an advisory committee, composed of representatives from each region in Ontario, was created. This committee met on several occasions to give comments, feedback, and subsequently aid in the decision making process regarding several aspects of the data report. For example, members of the committee aided in the decision of which injury categories to include, which tables and figures to include, as well as the overall format of the report. Please note that as a result, the final product represents those decisions and recommendations made by the advisory committee and OIPRC/SMARTRISK representatives and therefore does not represent an exhaustive list of injury categories or descriptions.
Data extraction process for injury report

Using ICD10 Codes provided by the Ontario Injury Prevention Resource Centre, data were extracted from the IntelliHEALTH Database, a web based tool for data extraction, from databases held by the Ontario Ministry of Health and Long-Term Care (MOHLTC). The data extraction and data processing were done at the Public Health Ontario facility, by trained and authorized IntelliHEALTH users who operated under the guidance of an IntelliHEALTH expert. Data extraction started in May 2010, and it continued until April 2011.

Four different IntelliHEALTH databases were used to extract data for this report. The specific databases are as follows; “Ambulatory All Visit Problem Dx and External Cause”, “Inpatient Discharges database, in patient Diagnosis & External Cause”, “Vital Stats, Death”, and “Pop Est Summary PHU County Municip” database. Efforts were made to minimize the extraction time in IntelliHEALTH and associated time-out errors. These efforts included initially extracting a small set of ICD10 codes at one time. Fiscal year was also used instead of calendar year to avoid additional internal data processing efforts that would be required if calendar year had been used. During the course of the project, MOHLTC added a new database to IntelliHEALTH containing external cause codes for emergency visits which expedited extractions by external cause of injury.

The original source of the data contained in the “Ambulatory All Visit Problem Dx and External Cause” database was the National Ambulatory Care Reporting System (NACRS) developed by the Canadian Institute for Health Information (CIHI). The data in “Inpatient Discharges database, in patient Diagnosis & External Cause” originally came from the Discharge Abstract Database System (DAD) developed by the Ministry of Health of Ontario and CIHI. The Vital Stats data were collected by Office of Registrar General (ORG). ORG is a part of the Ministry of Government Services of Ontario which registers all live births, stillbirths and deaths for Ontario. Statistics Canada provides the data to MOHLTC after necessary editing.

Emergency Visit, external cause of injury

To extract data on emergency visits for the external cause of injury, the “Ambulatory All Visit Problem Dx and External Cause” database was used. The field “#Visit(D)” was used as the outcome measurement data item. Depending on the situation “ICD10 Block All Prob Dx” or “ICD10 (3 Char) all Dx Code ONLY”, or “ICD10 (4 Char) all Dx Code ONLY” was used as the filter. Additionally, ICD10 codes were kept hidden to avoid double counting, unless a block code (ICD10 Block All Prob Dx) was the only filter used. To capture Emergency visits only, AM case Type, the “Unscheduled EMG”, filter was used. Data were extracted for fiscal year 2007 (which is April 1, 2007 - March 31, 2008) and fiscal year 2008 (which is April 1, 2008 - March 31, 2009), thus, as previously mentioned, the data for emergency room visits represent 24 months of data. “Patient PHU” data field was also extracted to summarize the data by public health unit.

The following illustrates a sample query to extract data on falls using ICD10 Block code for the fiscal year 2007:

FYear equal to 2007.0 AND AM Case Type equal to 'EMG' AND ICD10 Block All Prob Dx equal to W00-W19 AND Patient Province equal to 'ON'
Hospitalization, external cause of injury

To extract hospital discharge data for the external cause of injury, the “Inpatient Discharges database, in patient Diagnosis & External Cause” database was used. The field “#Dischg(D)” was used as the outcome measurement data item. “ICD10 Block All Dx”, “ICD10 Code (3 Char) ONLY all Dx”, and “ICD10 Code (4 Char) ONLY all dx” was used to create a filter based on the ICD10 codes. Similar to the process put in place for emergency visit extraction, ICD10 codes were kept hidden to avoid double counting, unless a block code (ICD10 Block All Prob Dx) was the only filter used. Additionally, to avoid double counting patients who were admitted to one hospital and then transferred to another (e.g., to a regional trauma hospital) another filter ‘transfer to institution type’ not equal to ‘acute care facilities’ was used when extracting the hospital discharge data. Data were extracted for fiscal year 2007 (which is April 1, 2007 - March 31, 2008) and fiscal year 2008 (which is April 1, 2008 - March 31, 2009); thus, as previously mentioned, the data for emergency room visits represent 24 months of data. “Patient PHU” data field was also extracted to summarize the data by public health unit.

The following illustrates a sample query to extract data for hospital discharge on falls using ICD10 Block code for the fiscal year 2008:

- **FYear equal to 2008.0**
- **AND ICD10 Block All Dx equal to W00-W19**
- **AND Patient Province equal to 'ON'**
- **AND Transfer to Institution Type not equal to (ACUTE CARE FACILITY)**

Death, external cause of injury

To extract data for death, external cause of injury, the “Vital Stats, death database” was used. The calendar year variable was used directly with this database. Data were extracted for calendar years 2001, 2002, 2003, 2004 and 2005; thus, as previously mentioned, death data reflect 60 months or five years of data. Outcome measurement variable “# Dths (ON res)” was used, which counts deaths of Ontario residents. However, this measure excludes deaths of Ontario residents which occurred outside of Ontario. The fields used for the filter were “ICD10 Code Primary Cause”, “ICD10 Code (3 char) Primary Cause”, and “Lead Cause Group (Becker)”. “PHU of Deceased” data field was also extracted to summarize data by public health unit.

The following illustrates a sample query to extract data for death on animate object using “ICD10 Code (3 char) Primary Cause” code for the calendar year 2001, 2002, 2003, 2004 and 2005:


Population, estimate data

To calculate injury rates, population projection data were extracted from the “Pop Est Summary PHU County Municip” database. This database contains a summary of population estimates at the municipality, county/regional municipality, PHU by single year of age (up to 90+) and sex. This data set is approved by Statistics Canada and Ministry of Finance. As there is no provision
to extract fiscal year population projection, calendar year population projection data was extracted and used to calculate rates. Following extraction, the population counts were grouped according to the required age groups for each table.

The following formula was used to calculate rates:

\[
\frac{\text{total number of ER visits / hospitalizations / deaths in an age group over the reported period}}{\text{total population in that age group over the reported period}} \times 100,000
\]

Please note that using this formula the report provides age-specific annual rates per 100,000.

**Data processing**

As required to minimize processing time, the data were extracted either in complete ICD10 code group and year, or were requested in smaller parcels either by ICD10 codes or by year. Those files were transferred to an Excel file, manually reviewed to ensure there was no truncation of the records at the end and later transferred to SPSS. If files needed to be merged it was done at this stage using SPSS script. Output of the SPSS scripts were transferred to Excel and were then input into the final tables.

**ICD10 codes used**

Drowning: W65-W74, V90.0-V90.9, V92.0-V92.9
Animate Object: W50-W64, X20-X29
Inanimate Object: W20, W22-W49, W85-W99, X33
Falls: W00-W19 (LC – 58 was used for death)
Off Road Vehicle: V81.0 – V81.9, V86.0 – V86.7, V86.9, V90-V94, V95.0 – V95.3, V95.8 – V96.2, V96.8 – V97.3, V97.8
On Road Vehicle: V20-V29, V30-V39, V40-V49, V50-V59, V60-V69, V70 – V79, V83-V85.9, V87-V89.9
Pedestrians: V01.0-V01.1, V01.9-V02.1, V02.9-V03.1, V03.9-V04.1, V04.9-V05.1, V05.9-V06.1, V06.9, V09.0-V09.3, V09.9
Playground: W09
Poisoning: X40-X49
Scalding/Burning: W92, X00-X09, X10-X19, X30, X32
Sports/recreation: W02, W16, W21, X50, X51
Suffocation: W75-W84
Interpersonal (intentional): X85-Y09
Self-harm (Intentional): X60-X84
Falls
Fall on same level from slipping, tripping and stumbling: W01
Fall on same level involving ice and snow: W00
Fall involving playground equipment: W09
Fall on and from stairs and steps: W10
Fall involving bed: W06
Fall involving chair: W07
Fall involving other furniture: W08
Fall from tree: W14
Fall from, out of or through building or structure: W13
Fall involving ice-skates, skis, roller-skates or skateboards: W02
Fall while being carried or supported by other persons: W04

Other fall
(Please note that in the report these are specified as “other/unspecified” in tables 3 and 4)
Other fall on same level due to collision with, or pushing by, another person: W03
Fall involving wheelchair: W05
Fall on and from ladder: W11
Fall on and from scaffolding: W12
Fall from cliff: W15
Diving or jumping into water causing injury other than drowning or submersion: W16
Other fall from one level to another: W17
Other fall on same level: W18
Unspecified fall: W19

Falls location of injury
Head: S00-S09
Neck: S10-S19
Thorax: S20-S29
Abdomen, lower back, lumber spine and pelvis: S30-S39
Shoulder and upper arm: S40-S49
Elbow and forearm: S50-S59
Wrist and hand: S60-S69
Hip and thigh: S70-S79
Knee and lower leg: S80-S89
Ankle and foot: S90-S99

Motor Vehicle Collisions (On Road)
Motorcycle: V20-V29
Car: V40-V49
Pickup truck/ van: V50-V59
Heavy transport: V60-V69
Bus: V70-V79
Motor Vehicle Collision on Road Other: V30-V39, V830-V859, V870-V899

Motor Vehicle Collisions (Off Road)
Rail: V81
ATV: V86
Water: V90-V94
Air/space: V95-V97

Sports and recreation

Fall involving ice-skates, skis, roller-skates or skateboards: W02
Diving or jumping into water causing injury other than drowning or submersion: W16
Striking against or struck by sports equipment: W21
Over exertion: X50
Travel and motion: X51

Intentional injury

Firearm: X93, X94, X95
Sharp or blunt object: X99, Y00
Bodily force (unarmed): Y04
Sexual assault by bodily force: Y05
Drugs medicaments: X85
Hanging, strangulation and suffocation: X91

Intentional injury other

(Please note that in the report these are specified as “other” in tables 12 and 13)
X86 - Assault by corrosive substance
X87 - Assault by pesticides
X88 - Assault by gases and vapors
X89 - Assault by other specified chemicals and noxious substances
X90 - Assault by unspecified chemical or noxious substance
X92 - Assault by drowning and submersion
X96 - Assault by explosive material
X97 - Assault by smoke, fire and flames
X98 - Assault by steam, hot vapors and hot objects
Y01 - Assault by pushing from high place
Y02 – Assault by pushing or placing victim before moving object
Y03 – Assault by crashing of motor vehicle
Y06 - Neglect and abandonment
Y07 - Other maltreatment
Y08 - Assault by other specified means
Y09 - Assault by unspecified means

Intentional self-harm

Poisoning: X60- X69
Firearm: X72, X73, X74
Hanging, Strangulation, and Suffocation: X70
Sharp or blunt object: X78, X79
Jumping or lying before moving object: X80, X81

Intentional self-harm other

(Please note that in the report these are specified as “other” in table 14 and 15)
X71 Intentional self-harm by drowning and submersion
X75 Intentional self-harm by explosive material
X76 Intentional self-harm by smoke, fire and flames
X77  Intentional self-harm by steam, hot vapors and hot objects
X82  Intentional self-harm by crashing of motor vehicle
X83  Intentional self-harm by other specified means
X84  Intentional self-harm by unspecified means

Quality assurance

A robust checking process was implemented to ensure that accurate data have been presented in each table. This process included manual entry of each value and then systematic checking to compare the inputted value with the original value. Finally, random checks were performed on each of the tables.

Provincial totals vs. health unit totals

In the injury data available some cases were not assigned to a particular health unit, but were instead indicated as having an “unknown” geographic location. These cases were included in the Ontario tables, but do not appear in any individual health unit table. These cases may therefore cause discrepancies between the individual health unit table totals and provincial table totals.

Residual disclosure

Residual disclosure occurs when previously unknown information about an individual can be deduced based on a combination of information sources. To avoid residual disclosure of personal health information, the IntelliHEALTH release guidelines require that in a data table all cells of injury counts less than five should be suppressed. Thus, in keeping with common Canadian practices and in compliance with these release guidelines, in the report tables all cell counts less than five (but greater than zero) have been replaced with “<5”, and their associated rates with “/”.