

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY I. GARDINER OF ST. HELIER NORTH
QUESTION SUBMITTED ON MONDAY 25th MARCH 2024
ANSWER TO BE TABLED ON WEDNESDAY 3rd APRIL 2024**

Question

“Will the Minister advise how many people were admitted to the hospital with diagnosis of a brain injury for each of the last 5 years broken down into the following groups –

- (a) age groups: 0-13, 14-15, 16-17, adults aged 18 and over; or another age-related breakdown available to the Minister; and
- (b) type/cause of injury?”

Answer

Table 1 shows the number of people admitted to hospital with a diagnosis of brain injury in the last 5 years. It is not possible to provide a further breakdown of the exact number of patients in the under 18 categories requested, as this could potentially lead to the identification of individuals.

Table 1: Number of admissions to Jersey General Hospital with a diagnosis of brain injury, by year of discharge, in line with World Health Organisation age categorisations.

WHO Age Group	2019	2020	2021	2022	2023
0-19	6	<5	25	7	<5
20-24	<5	<5	9	16	6
25-29	<5	<5	<5	<5	<5
30-34	<5	6	<5	<5	<5
35-39	5	<5	<5	<5	<5
40-44	<5	<5	8	5	<5
45-49	11	9	8	7	<5
50-54	29	10	15	14	6
55-59	24	37	18	11	14
60-64	30	23	54	35	16
65-69	36	32	31	31	17
70-74	49	41	26	33	35
75-79	74	41	39	28	26
80-84	96	61	40	36	24
85-89	46	42	37	27	23
90-94	28	15	18	17	11
95+	<5	<5	6	6	<5

Source: Clinical Coding Reports (TrakCare CDG4G and Maxims CC05DM)

Table 2 shows the diagnosis coded for these patients by year of discharge.

Table 2: Number of patients discharged by year and Diagnosis

Description	2019	2020	2021	2022	2023
Anoxic brain damage, not elsewhere classified	9	<5	8	<5	5
Cerebral infarction	148	105	90	69	69
Concussion	5	6	7	<5	<5
Diffuse brain injury	5	<5	6	<5	<5
Epidural haemorrhage (includes extradural haemorrhage (traumatic))	<5	<5	<5	<5	<5
Focal brain injury	<5	<5	<5	<5	<5
Intracerebral haemorrhage *please note that intracerebral haemorrhage defaults to nontraumatic if not otherwise specified	32	31	23	17	8
Intracranial injury, unspecified (includes Brain injury NOS)	<5	<5	<5	<5	<5
Other intracranial injuries	<5	6	<5	<5	<5
Other nontraumatic intracranial haemorrhage *please note that intracranial haemorrhage defaults to nontraumatic if not otherwise specified	6	<5	<5	10	7
Sequelae of cerebral infarction	49	48	70	50	26
Sequelae of intracerebral haemorrhage	26	9	34	13	7
Sequelae of intracranial injury	9	14	9	7	<5
Sequelae of other and unspecified cerebrovascular diseases	<5	<5	<5	<5	17
Sequelae of other nontraumatic intracranial haemorrhage	<5	<5	<5	<5	<5
Sequelae of stroke, not specified as haemorrhage or infarction	107	67	50	49	25
Sequelae of subarachnoid haemorrhage	21	9	11	16	<5
Subarachnoid haemorrhage *please note that subarachnoid haemorrhage defaults to nontraumatic if not otherwise specified	10	5	9	6	<5
Traumatic cerebral oedema	<5	<5	<5	<5	<5
Traumatic subarachnoid haemorrhage	<5	6	5	5	<5
Traumatic subdural haemorrhage	<5	12	8	18	10

Source: Clinical Coding Reports (TrakCare CDG4G and Maxims CC05DM)

It is important to note that data reported in both tables is a record of main conditions treated or investigated during an inpatient admission, and not the reason for admission. This data does not capture patients transferred overseas from our Emergency Department, nor Jersey residents who have sustained brain injuries whilst off-island (unless they were repatriated). There is also no specific data code for a history of traumatic brain injury so we cannot extrapolate this information, however, any residual effects would be recorded were necessary. Furthermore, coding of historic patient data is not up to date.