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Accepted 23 February 2016

http://dx.doi.org/10.1016/j.burns.2016.02.027

Letter to the Editor

A minimum data set for injuries: Regarding the WHO evidence

Dear Editor,

We would like to appreciate Ahmadi and colleagues for their January 2015 article [1]. We noted much invaluable information in their paper. However, we wish to add a few points to their excellent paper. Ahmadi et al. attempted to develop a minimum data set (MDS) of the information management system for burns in Iran. On the other hand, the World Health Organization (WHO) had previously defined the trauma surveillance systems and provided core data as three levels of an injury pyramid including fatal injuries, injuries resulting in hospitalizations, and injury surveys [2].

Such systems with different techniques at different levels of the health-care system could be instituted in all countries based on WHO guidelines, which were published jointly with international partners over the past decade [2,3].

Trauma registry is a more advanced medical record system and an essential element of any trauma program, which acts as an effective performance improvement program. In a trauma registry system, an MDS adjusts the accessible data component so that it can be used for program planning, monitoring, and evaluation [1]. Most trauma registries use inclusion and exclusion criteria with International Classification of Diseases (ICD) codes. Based on WHO reports, the data recorded in registries include the following detailed variable categories: demographic data, mechanism of injury, place of injury occurrence, activity, prehospital data, vital signs (both before hospital arrival and at emergency department arrival), diagnosis, injury severity (whether by Glasgow Coma Scale (GCS), Injury Severity Score (ISS), Revised Trauma Score (RTS), Trauma Injury Severity Score (TRISS), or other scores), procedures (or operations) being performed, stay length, complications, and information about costs and resource utilizations [3,4]. The American College of Surgeons National Trauma Data Bank designed 76 variables to aid in data collection.

It is worth noting that the WHO guidelines are highly beneficial for countries that do not have a formal civil registration system or those that only have a basic system with limited data on injuries [2].

In conclusion, we believe that using the MDS of WHO is more efficient than developing a newly designed system.

Authors' contributions

1. Dr. Payman Salamati designed the idea, revised the paper critically, and approved the version to be published.
2. Zahra Ghodsi designed the idea, drafted the paper, and approved the version to be published.
3. Dr. Vafa Rahimi-Movaghar revised the paper critically and approved the version to be published.

Conflicts of interests

None.

Role of the funding source

None.

Ethics committee approval

The paper has been prepared in accordance with the rules of the ethical review board of the Tehran University of Medical Sciences.

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http://dx.doi.org/10.1016/j.burns.2015.03.018

Letter to the Editor

The need for development a national minimum data set of the information management system for burns in Iran

Dear Editor,

We thank the Salamati and colleagues for their insightful and constructive comments in their letter to editor [1] about our paper entitled "Development a minimum data set of the information management system for burns" [2].

The main purpose of the MDS is to establish a national database. The MDS could serve as a source of information management to equip policy makers and decision makers with accurate and up-to-date information [3]. Also WHO emphasize that the primary purpose of the minimum data set is to support cross-country planning [4]. Therefore, it seems necessary to have a database in order to collect process and distribute data. In other words, the information management related to processes or consequences of a disease and injuries are essential, because it makes the comparisons possible. Thus, each country needs to development such a system according to its objectives, rules, national requirements and standards [5].

Generally, although can be used from WHO's MDS for development of national MDS, we believe that WHO's MDS is general MDS for using in international level, while development of national MDS based on national objectives, rules, requirements and standards is necessary. On the other hand, developed MDS for burns in Iran was divided into two categories including administrative with six sections and clinical with 17 sections that seem more comprehensive toward WHO's MDS, also this MDS was developed based on different domestic experts' opinions in various academic field [2].

In conclusion, we believe that not only the development a national MDS for burn will be benefit, but also it is essential that we have a national MDS for burns in Iran based on domestic experts' opinions and national objectives, rules, requirements and standards.

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http://dx.doi.org/10.1016/j.burns.2015.05.016