

much paperwork involved in information process reduces the efficiency. Surveillance system is not properly regulated. Inadequacy of knowledge on information of the curative staff categories leads to inaccuracy in compiling data.

Significance to the Field This study underlines the need of a user friendly and efficient method of facial injury data collection with proper regulatory mechanism and improvement of knowledge of the staff categories involved in information chain for the improvement of facial injury surveillance in Sri Lanka.

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INADEQUACY OF FACIAL INJURY SURVEILLANCE IN SRI LANKA: A QUALITATIVE STUDY OF BARRIERS IN THE ROUTINE HEALTH INFORMATION SYSTEM

doi:10.1136/injuryprev-2012-040590w.2

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Background Injury surveillance in the health care system in Sri Lanka currently operates through Indoor Morbidity Mortality returns prepared according to the International Classification of Diseases codes from curative centres. Facial injuries are exclusively managed at Oral and Maxillofacial units. An initial survey revealed that facial injury information received by the health information unit is inadequate.

Objective To describe the barriers in the facial injury surveillance system.

Methods Twelve in-depth interviews were carried out with seven categories of health staff involved in all the levels of information chain.

Results The administrative process involved in facial injury management is complicated. This directly affects the information flow. Staff is overburdened with clinical work. Negative attitude of the clinical staff towards injury surveillance is a major barrier. Too