Collecting data – Who cares?

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Topics

- EM are completely hopeless
- Why did EM need ECDS?
- How is ECDS different?
- ECDS in Same Day Emergency Care / AEC
Emergency Medicine

- Only 3% NHS budget
- 99% EM work done better / cheaper by others
- EM = North Korea
  - Always in crisis, causing trouble
  - No friends
  - Anyone could do a better job running it
Reason for attendance: 5% real
What’s different in ECDS?

• Every patient has
  – Chief Complaint (150 items)
  – Acuity (1-5)
  – Diagnosis (920 items)
    + Qualifier (suspected / confirmed)
      • Not vague
      • Not a symptom
## Pilot site : Pre / Post

<table>
<thead>
<tr>
<th>Description</th>
<th>Volume</th>
<th>Description</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease (disorder)</td>
<td>41,343</td>
<td>Concussion with no LOC (disorder)</td>
<td>3,891</td>
</tr>
<tr>
<td>Chest pain (finding)</td>
<td>22,224</td>
<td>No abnormality detected (finding)</td>
<td>3,743</td>
</tr>
<tr>
<td>Minor head injury (disorder)</td>
<td>21,977</td>
<td>Lower respiratory tract infection (disorder)</td>
<td>3,344</td>
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<tr>
<td>Abdominal pain (finding)</td>
<td>14,110</td>
<td>Urinary tract infectious disease (disorder)</td>
<td>2,313</td>
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<tr>
<td>Soft tissue injury (disorder)</td>
<td>9,968</td>
<td>Upper respiratory infection (disorder)</td>
<td>2,285</td>
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<tr>
<td>Urinary tract infectious disease (disorder)</td>
<td>9,480</td>
<td>Sprain of ankle (disorder)</td>
<td>1,881</td>
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<tr>
<td>Abdominal pain - cause unknown (finding)</td>
<td>7,851</td>
<td>Infectious gastroenteritis (disorder)</td>
<td>1,721</td>
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<tr>
<td>Sprain of ankle (disorder)</td>
<td>7,816</td>
<td>Acute coronary syndrome (disorder)</td>
<td>1,482</td>
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<tr>
<td>Headache (finding)</td>
<td>7,285</td>
<td>Cellulitis</td>
<td>1,339</td>
</tr>
<tr>
<td>Falls (finding)</td>
<td>6,661</td>
<td>Sprain of knee (disorder)</td>
<td>1,175</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>148,715</strong></td>
<td><strong>Total</strong></td>
<td><strong>23,174</strong></td>
</tr>
</tbody>
</table>
ECDS : Clinically led measurement

- Led by RCEM
  - Board with NHSE / I / D / PHE
- Started Feb 2015
- Implemented Autumn 2017
- Same Day Emergency Care
- Urgent Emergency Care
  - (Ambulance / 111 / GP OOH)
Why do I care?

• No measures = no value
  – Movement of work towards front door
  – No movement of tariff
• Vague diagnoses = no tariff
• SDEC/ AEC = ‘flavour of month’ BUT
• No consistent measure

[if using ECDS in SDEC/ AEC – please contact]
So what?

Direct benefits

– Clinical data
– Process data – who when why
– Communication GP / Patient
– Research
– Audit / Quality / Safety

Indirect benefits

– Commissioning
– Strategy, Policy