

# Collecting data – Who cares?

Tom Hughes MSc MBA MRCP FRCS FRCER FFCI

Consultant, John Radcliffe Hospital

Hon. Sen. Lecturer in EM

ECDS Clinical Lead

**ECDS**  
Emergency Care Data Set

# Topics

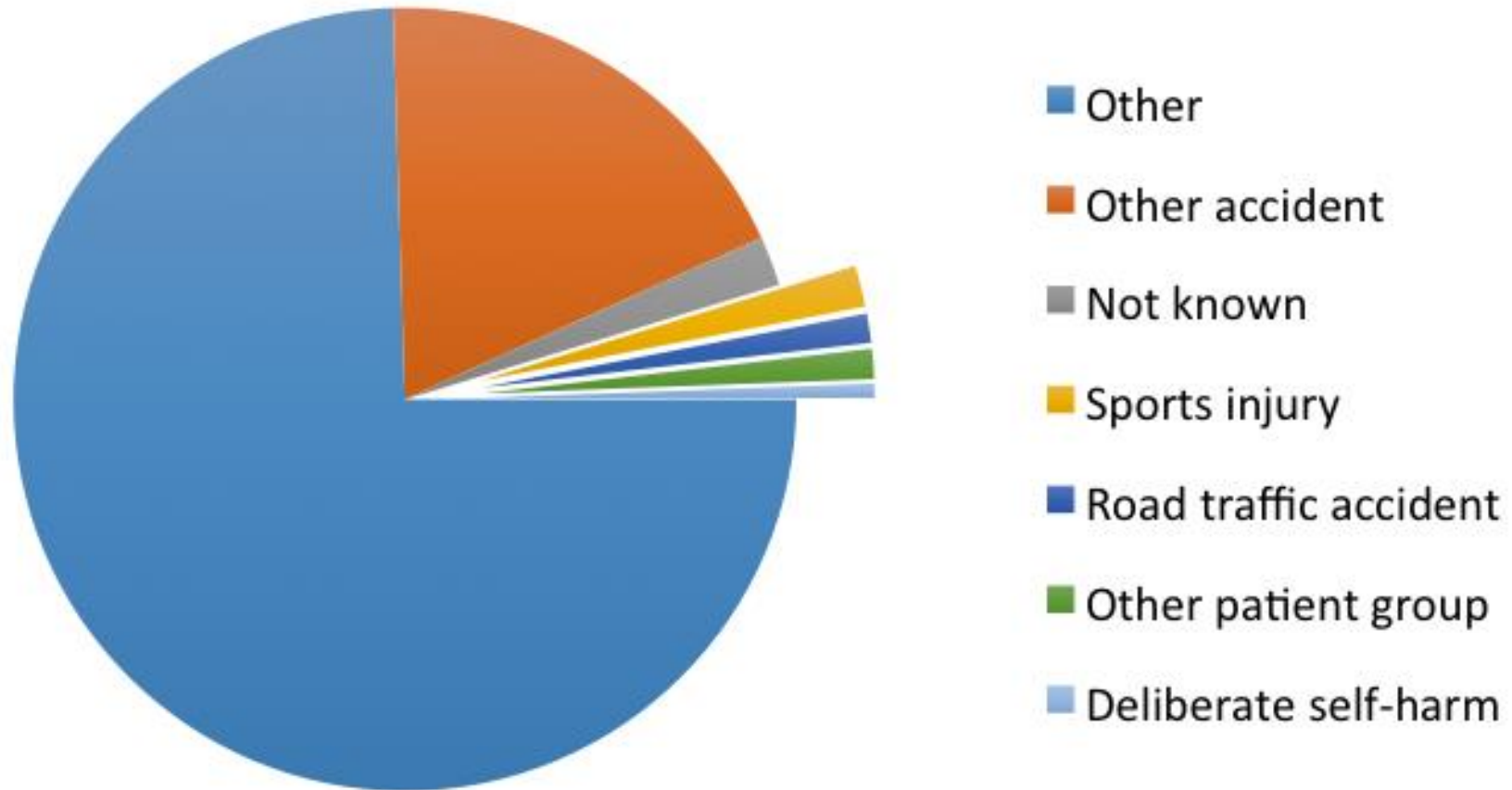
- EM are completely hopeless
- Why did EM need ECDS?
- How is ECDS different ?
- ECDS in Same Day Emergency Care / AEC

# Emergency Medicine

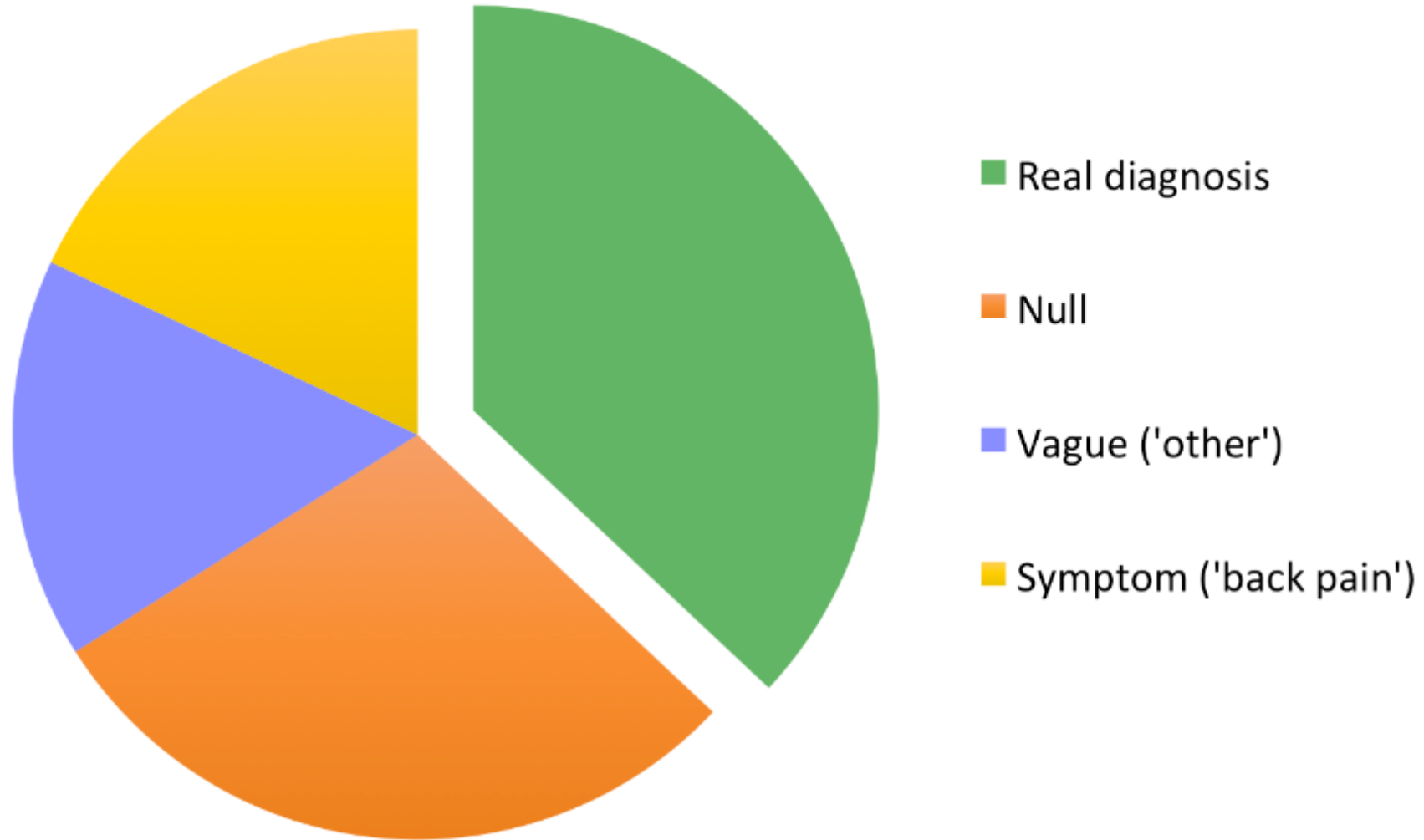
- Only 3% NHS budget
- 99% EM work done better / cheaper by others
- EM = North Korea
  - Always in crisis, causing trouble
  - No friends
  - Anyone could do a better job running it



## Reason for attendance : 5% real



## % 'real' diagnosis



# What's different in ECDS?

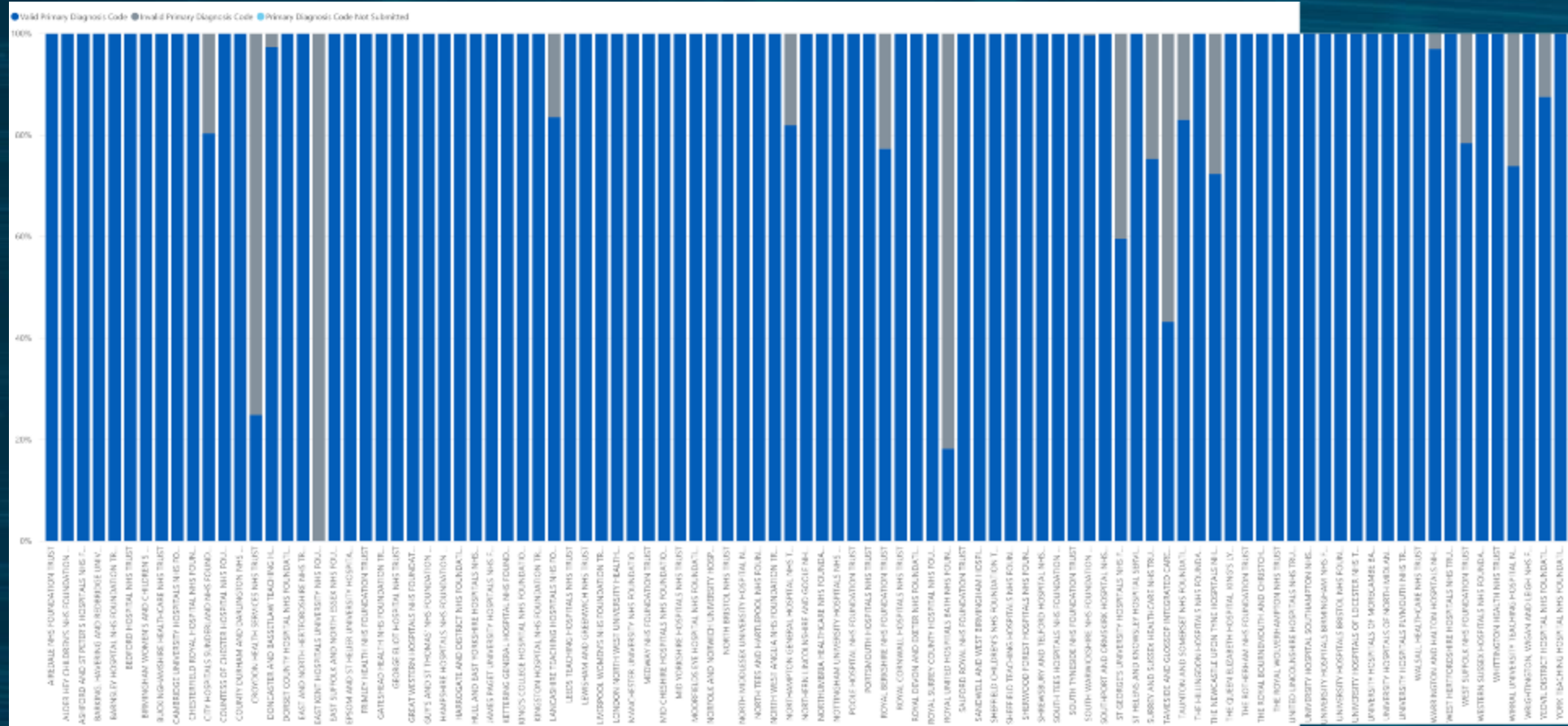
- Every patient has
  - Chief Complaint (150 items)
  - Acuity (1-5)
  - Diagnosis (920 items)
    - + Qualifier (suspected / confirmed)
      - Not vague
      - Not a symptom

# Pilot site : Pre / Post

Pre ECDS - SNOMED (2013-15)		Post ECDS – ECDS SNOMED Subset (2 months)	
Description	Volume	Description	Volume
Disease (disorder)	41,343	Concussion with no LOC (disorder)	3,891
Chest pain (finding)	22,224	No abnormality detected (finding)	3,743
Minor head injury (disorder)	21,977	Lower respiratory tract infection (disorder)	3,344
Abdominal pain (finding)	14,110	Urinary tract infectious disease (disorder)	2,313
Soft tissue injury (disorder)	9,968	Upper respiratory infection (disorder)	2,285
Urinary tract infectious disease (disorder)	9,480	Sprain of ankle (disorder)	1,881
Abdominal pain - cause unknown (finding)	7,851	Infectious gastroenteritis (disorder)	1,721
Sprain of ankle (disorder)	7,816	Acute coronary syndrome (disorder)	1,482
Headache (finding)	7,285	Cellulitis	1,339
Falls (finding)	6,661	Sprain of knee (disorder)	1,175
<b>Total</b>	<b>148,715</b>	<b>Total</b>	<b>23,174</b>



# ECDS Data quality Aug 2018



# 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