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Update on Emergency Care Dataset for AEC



Emergency Care Data Set

- The Emergency Care Data Set (ECDS) project aims to develop and implement a new minimum data set for emergency care which can properly capture and represent the full extent and granularity of Emergency Department (ED) activity in England.
- Why?
 - Gaps in data.
 - Existing data set had not kept pace with current practice.



Stakeholders

The ECDS project is a collaborative project between:

- The Royal College of Emergency Medicine
- The Department of Health
- NHS England
- NHS Digital
- NHS Improvement
- NHS Providers and Public Health England
- *AEC Network representation on National steering group*



Connected Information

The project has also been identifying overlapping areas of work which need to be considered in the development of the ECDS including:

- Information Sharing for Tackling Violence (ISTV)
- Trauma Audit and Research Network (TARN)
- Also the guidelines developed by the PRSB and Academy of Medical Royal Colleges (AoMRC) for the clinical structure and content of patient records



Progress

- We have been working with the ECDS team and National Steering group to understand how the ECDS might support the collection of Ambulatory Emergency Care and shape the development to ensure functionality.
- Increased interest at national level in maximising AEC delivery has been a lever for progressing the application of ECDS to this patient cohort.



The data set itself

Emergency Care Data Set v3.2

3.2.16. Provider_Site_Type

AUTO
NATIONAL
CDS

Definition
The emergency care site type.

Format
ALPHANUMERIC (max:2)

Source
NHS DM6D

Entry
AUTO-POPULATED

Requirement
ALL-NATIONAL

Provenance
CDS - ACCIDENT AND EMERGENCY DEPARTMENT TYPE

- Change in name and code set

Justification
Emergency care is delivered in many different settings, and the value-added by these different modes of healthcare in different environments is very poorly understood. This data describes the type of site providing the care so that commissioners can understand the casemix, acuity and value-added, which in turn enables accurate provision of resources to match patient need.

The coding system is primarily designed for ED and Ambulatory Emergency Care use. The additional codes for other modes of urgent care delivery allow commissioners to use a common system for these if wanted.

Notes
The emergency care site type, based on the standard NHS Data Dictionary terms for the different types of ED.

While ECDS has been developed to ensure the needs of EDs, Urgent Care Centres and Ambulatory Emergency Care will be met, we have been asked to include codes of other clinical settings such as Medical Admissions Units, Ambulance Service ACP clinical assessment that may want to use ECDS, and therefore have included these in the code set for compatibility.

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The data set itself

Emergency Care Data Set v 3.2

3.2.22. EmCare_Attendance_Type

CLERICAL
NATIONAL
CDS

Definition
The reason and nature for the person's visit to the healthcare provider.

Format
NUMBER (max: 2)

Source
NHS DM&D

Entry
CLERICAL

Requirement
ALL - NATIONAL

Provenance
CDS - A AND E ATTENDANCE CATEGORY

- Change in name and code set

Justification
Necessary to understand the reason and nature for the visit to the healthcare provider.
The increased clarity that the revised code set will bring will be important in commissioning services at local and national level. One of the most contentious areas in acute healthcare is whether patients who attend Emergency healthcare because other potentially more cost-effective alternatives have not been used or have failed. If patients attend Emergency healthcare despite having been seen recently in other healthcare settings, it may well be that the services currently commissioned are not effective.
The most recent evidence²⁰ suggest that the optimal horizon is approximately seven days, which is why this is chosen rather than 72 hours or 28 days.

Notes
Should be completed as soon as possible after arrival in the ED.
As part of the registration process, clerical staff should ask the patient "have you already seen your GP or anyone else about this problem?"

²⁰ Patient Returns to the Emergency Department: The Time-to-return Curve (2014) Acad Em Med; Rising KL et al
²¹ Unscheduled return visits in adults to the Emergency Department (2015) EMJ; Trivedy CR and Cooke MW

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Code Set

The code set should be present

ECDS_Group	ECDS_Description	ECDS_Code	Sort1	Sort2
Unplanned / unanticipated	NEW clinical condition or deterioration of a chronic condition	2018111100	11	11
Unplanned / unanticipated	SAME / related, attended THIS health provider WITHIN 7 DAYS discharge	2018113100	11	31
Unplanned / unanticipated	SAME / related, attended ANOTHER health provider WITHIN 7 DAYS discharge, GP	2018115100	11	51
Unplanned / unanticipated	Patient IN TRANSIT to another institution	2018118100	11	81
Planned / anticipated	RETURN visit WITHIN 7 DAYS following attendance at THIS health provider. Includes all ambulatory care	2018511100	51	11
Planned / anticipated	TRANSFER from another medical institution for increased care	2018513100	51	31
Planned / anticipated	Arranged admission by inpatient unit	2018515100	51	51
Dead on arrival	Dead on arrival : no intent / attempt to resuscitate in Emergency / Care facility	2018910000	91	0

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ECDS Pilots

- Development of the ECDS by providing data field verification, code set content validation and how the data fields are collected in practice in type 1 EDs.
- End-to-end test to enable the collection, extraction, processing and analysis of data.
- Extend tests to type 3/4 EDs.
- Formal impact assessment.
- Sign off and implementation in EDs
- Testing and Impact assessment in AEC.





Next Steps

