Emergency Department Diagnostic Codes – Useful Data?

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NHS England have confirmed that the Emergency Care Data Set (ECDS) will be the new method of reporting ED activity levels within the Commissioning Data Set (CDS) (1) which is used to generate the SUS (Secondary Uses Service) data and then Hospital Episode Statistics (HES) from which the influential Dr Foster data is derived. The ECDS will use a truncated version of SNOMED for diagnostic coding rather than the current HES ED data dictionary which has a limited number of codes with dubious clinical validity. This is an important methodological step forwards but will it be enough to improve the quality of the data?

In the EPIC1 study (2), 63/178 of the cohort had suffered an epileptic seizure in the opinion of the ED doctor. Of these only 30/63 (48%) were given the correct ED (A&E) Diagnosis Code for epilepsy (241 'CNS Conditions – Epilepsy'). The primary diagnosis in the majority of our 63 cases seemed incidental to the actual diagnosis of epileptic seizure. We concluded that HES ED data is not of sufficient quality to measure disease specific activity levels and it seems likely that this is due to the poor fidelity of diagnostic coding (3). Clinicians undertake coding in most EDs rather than trained coders (who code in-patient episodes). The clinicians undertaking coding are often junior doctors who have had little or no training in coding, do not understand the importance of this role and the resulting poor fidelity of coding undermines the quality of the data.

We think that the new ECDS is necessary but not sufficient to improve the quality of ED diagnostic codes. Improving the fidelity of coding in EDs should be a priority for NHS England so that ED SUS/HES data can become a useful resource for care planning and rational reconfiguration of services.

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