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Letter to the Editor

Improving DAHNO data collection using a uniform modelling tool for patient care pathways

Sir,

The DAHNO (data for head and neck oncology) project has provided a continuous electronic comparative audit of the management of head and neck cancer since its introduction in 2004.¹ Anonymised data on patients are collected and analysed, which allows outcomes to be assessed nationally, and provides a tool for improving standards of care. All NHS trusts that treat head and neck cancer in England and Wales have agreed to submit their information.²

However, the information submitted varies in its completeness. Quality of data is measured by the percentage of records completed using specific variables such as TNM staging before treatment or postoperatively, and operations done.

According to the 5th annual report, the East and North Hertfordshire NHS Trust scored less than 45% for data quality so a departmental audit was done to investigate how accurately data had been collected for the submission. There were two specific areas of focus: completeness of entries for primary operation, and TNM staging. The respective scores were 45% and 23%.

A total of 40 submitted case records were reviewed jointly with the business analyst at the NHS Information Centre. A code for "primary surgical procedure" had been entered in 18, which gave the score of 45%. However, analysis of the DAHNO raw-data showed that 19 patients had been entered on the "surgery" table, so only 19 patients had had operations, whereas 21 had had other treatments. Therefore, the primary operation score was corrected to 95%.

A similar problem was identified in the pathological TNM scoring. As only surgical patients can have a pTNM stage, it excludes those treated primarily with chemotherapy or radiotherapy, and this was another example of an under-rated score. These findings emphasise the importance of accurate data collection.

Collaboration over data collection can be a very powerful tool to identify best and worst treatment, and to drive improvements forward without resorting to expensive and lengthy controlled clinical trials.³ Modelling tools

that process information on patient care pathways exist at regional levels and can be used to upload data on to the DAHNO website: the Patient-Pathway-Manager,⁴ and Infoflex^{®5} are two examples, but they cannot be used without considering their main shortcoming, their inability to communicate with other systems.

The existence of so many different tools highlights the problems involved in the central and continuous evaluation of cancer care pathways, and suggests that a uniform instrument to handle DAHNO data is needed to enable easy integration of the increasing volume of information nationwide.

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