

8.13 Understanding COPD mortality in Cork University Hospital 2022-2023. HIPE vs Reality

Mairéad O'Donnell¹, Hisham Ibrahim^{1,2}, Fernando Gomez^{1,2}, Anne O'Mahony^{1,2}, Desmond Murphy^{1,2}, Barry Plant^{1,2}, Kevin Deasy^{1,2}

¹Cork University Hospital, Cork, Ireland. ²University College Cork, Cork, Ireland

Background: Chronic Obstructive Pulmonary Disease (COPD) accounts for 3% of deaths worldwide. In Irish hospitals deaths from all causes are coded and reported centrally to the National Office of Clinical Audit (NOCA). **Methods:** To compare actual HIPE coded, NOCA reported COPD mortality at Cork University Hospital between January 2022 and December 2023, with an expert panel review by Senior Consultant Respiratory Physicians (n=4) of medical notes/electronic records/post-mortem results in the same cohort, to determine levels of concordance. Relevant to physician assessment, we did not characterise a death from a definitive 'Pneumonia' as a primary diagnosis of death from COPD exacerbation. **Results:** NOCA reported a total number of n=59 deaths from COPD exacerbation over the two-year period. Expert panel review suggested that 34% (n=20/59) met this criteria and of those who did not 66% (n=39/59), 54% were diagnosed with pneumonia (n=21/39). In 42% of cases (n=25/59), COPD was a co-morbidity rather than a principle cause of death. A definite COPD diagnosis could not be established in 24% of cases (n=14/59). **Conclusions:** Significant discrepancies in COPD mortality rates exist between national statistical reporting mechanisms and expert panel review, with the potential to misinform healthcare planning strategies. **Keywords:** COPD, mortality. **Conflict of Interest:** The authors declare that they have no conflict of interest. **References:** OECD (2023), Health at a Glance 2023: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/7a7afb35-en>.