**eFI2/eFI+ Codelist Change Log**

**13th June 2025**

The implementation instructions were updated (version 1.9) to include reference to the eFI2 and eFalls published papers. Additionally, the alogrithms for eFI+ models for morality, care home admission and new home care were removed from the instructions with a statement that these can be requested directly from the authors. Note that these will be re-entered in the instructions once published.

**1st April 2025**

SNOMED code 35489007 included under both Depression (*code description: Depressive disorder NEC with a 5yr limit*) and Severe Mental illness (*code description: Affective psychoses with no time limit*) but NHSD SNOMED list only included for Depressive disorder. Code removed from Severe Mental Illness variable – codelist updated to SNOMED version 0.27. SR shared updated codelist with partners.

**21st March 2024**

Frailty category cut-points updated in implementation instructions (version 1.8) to include ≤ symbols, which match the eFI2 manuscript. Additionally LP spelt out as ‘Linear Predictor’.

**15th March 2024**

No changes to codelist. Model equations for eFI2 along with frailty category cut-points were updated in the implementation instructions (version 1.7) to match final outputs from Connected Bradford (and eFI2 manuscript).

**25th February 2024**

No changes to codelist. Model equations for eFalls updated in the implementation instructions (version 1.7) to match final outputs from SAIL (and publication in Age & Ageing).

**4th August 2023**

**Alcohol**

Alcohol codes for units consumed per day / per week. It was unclear from instructions but the units per day are to be multiplied by 7 and then categorised as the instructions specify. This has been made more clear.

A patient’s final alcohol categorisation (zero, lower, normal, higher, harmful) is taken as the worst category obtained over the last 5 years (as opposed to using only the latest value). This will be clarified within the full instructions for eFI2 (under development).

**Anaemia and haematinic deficiency**

SNOMED code 1031511000000106 | Red cell Haemoglobin A2 estimation (observable entity) has been removed from this deficit.

**Blood Pressure**

Instructions were unclear and will be amended in the instructions. Average BP readings (e.g. SNOMED codes for 24 hour average are to be used as-is, i.e. if these are high/low then the patient has hyper/hypotension). Individual readings (i.e. O/E Diastolic BP Reading) need to have 3 readings over/under the threshold for hyper/hypotension.

Codes for Systolic BP readings have been added to the hypertension / hypotension deficits.