

A&E Clinical Quality Indicators

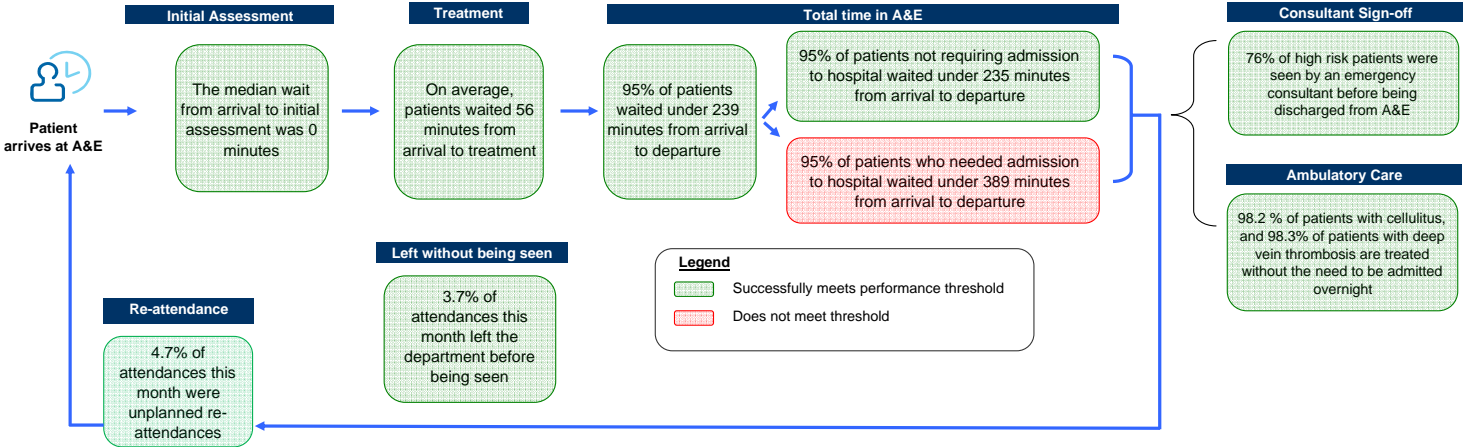
Overview

This dashboard presents a comprehensive and balanced view of the care delivered by our A&E department, and reflects the experience and safety of our patients and the effectiveness of the care they receive. These indicators will support patient

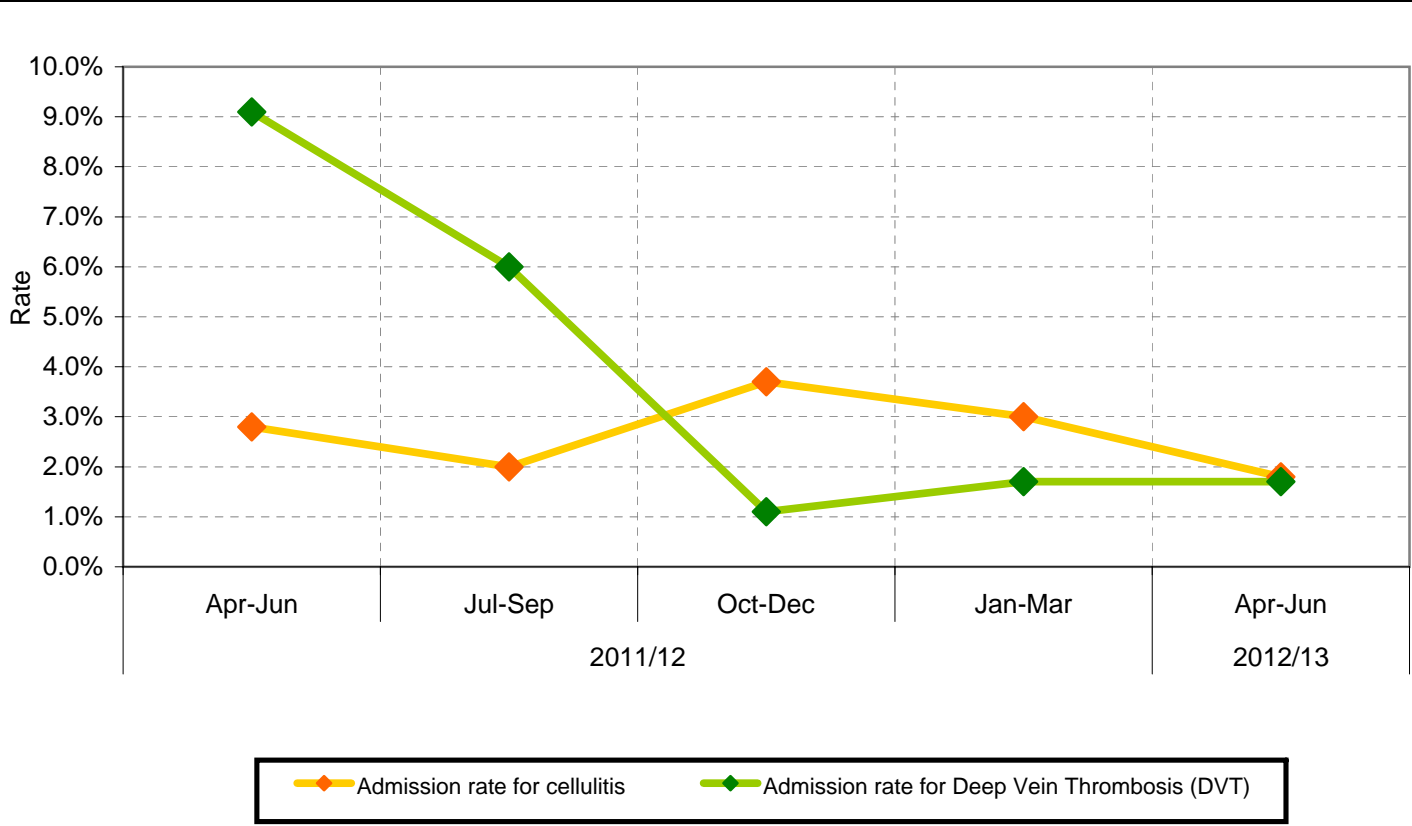
General Information

St George's Hospital NHS Trust
 Type 1 (Major)
 Published for Aug-2012

Summary of performance - August 2012



Ambulatory Care



Definition of indicator

Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.

Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission

This presents the percentage of attendances for cellulitis and deep vein thrombosis (DVT) that were admitted to the hospital.

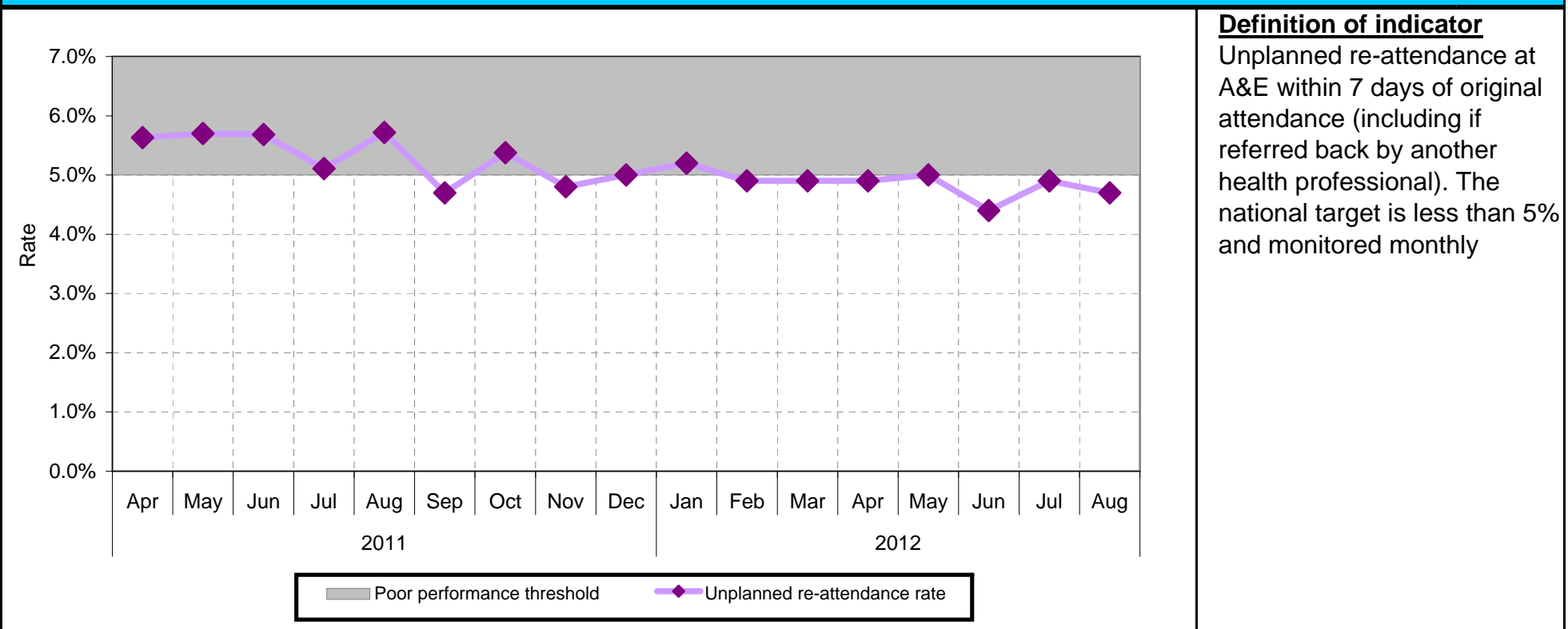
This measure is recorded quarterly. Next upload June 2012

Narrative

In 2011/12 and the first quarter of 2012/13, the admission rates for cellulitis and DVT were below the national target of 10%.

1.8%	This quarter (cellulitis)
↓	Compared to last qtr
	Data quality
1.7%	This quarter (DVT)
↔	Compared to last qtr
	Data quality

Unplanned Re-attendance Rate

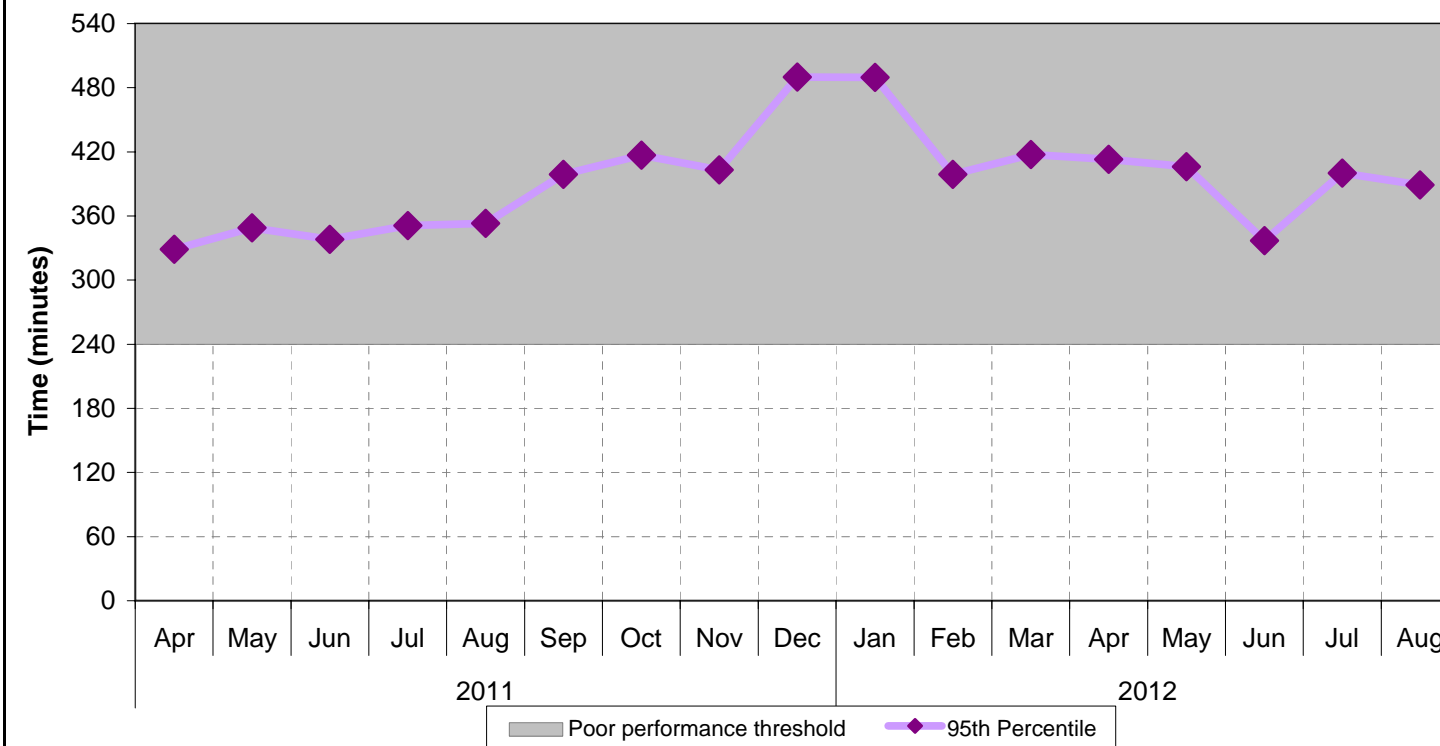


Definition of indicator
 Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target is less than 5% and monitored monthly

Narrative
 St Georges Hospital has consistently met the target since February 2012. The figure for August is 4.7%

4.7%	Percentage this month
↓	Compared to last month
	Data quality

Total time spent in the A&E Department (Admitted)



Definition of indicator

The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients
The national target for the median wait is 240minutes. This measure is monitored monthly

Narrative

A breakdown of August 2012 data is below

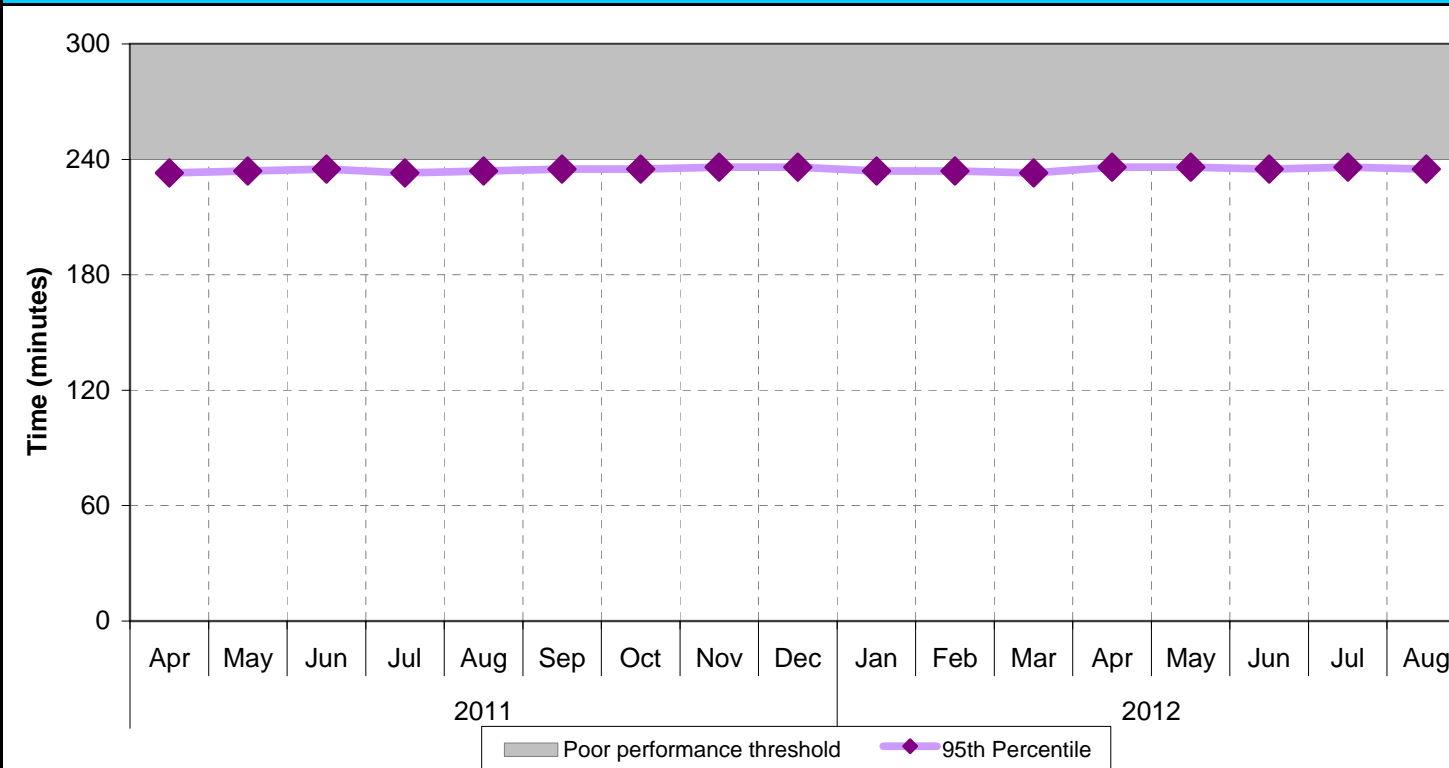
Median wait – 223 minutes

95th percentile – 389 minutes

Single longest wait - 928 minutes. This because it was clinically necessary to keep patients within the department

389	95th percentile this month
↓	Compared to last month
	Data quality

Total time spent in the A&E Department (Non-Admitted)



Definition of indicator

The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients. The national target for the median wait is 240 minutes. This measure is monitored monthly

Narrative

A breakdown of August 2012 data is below

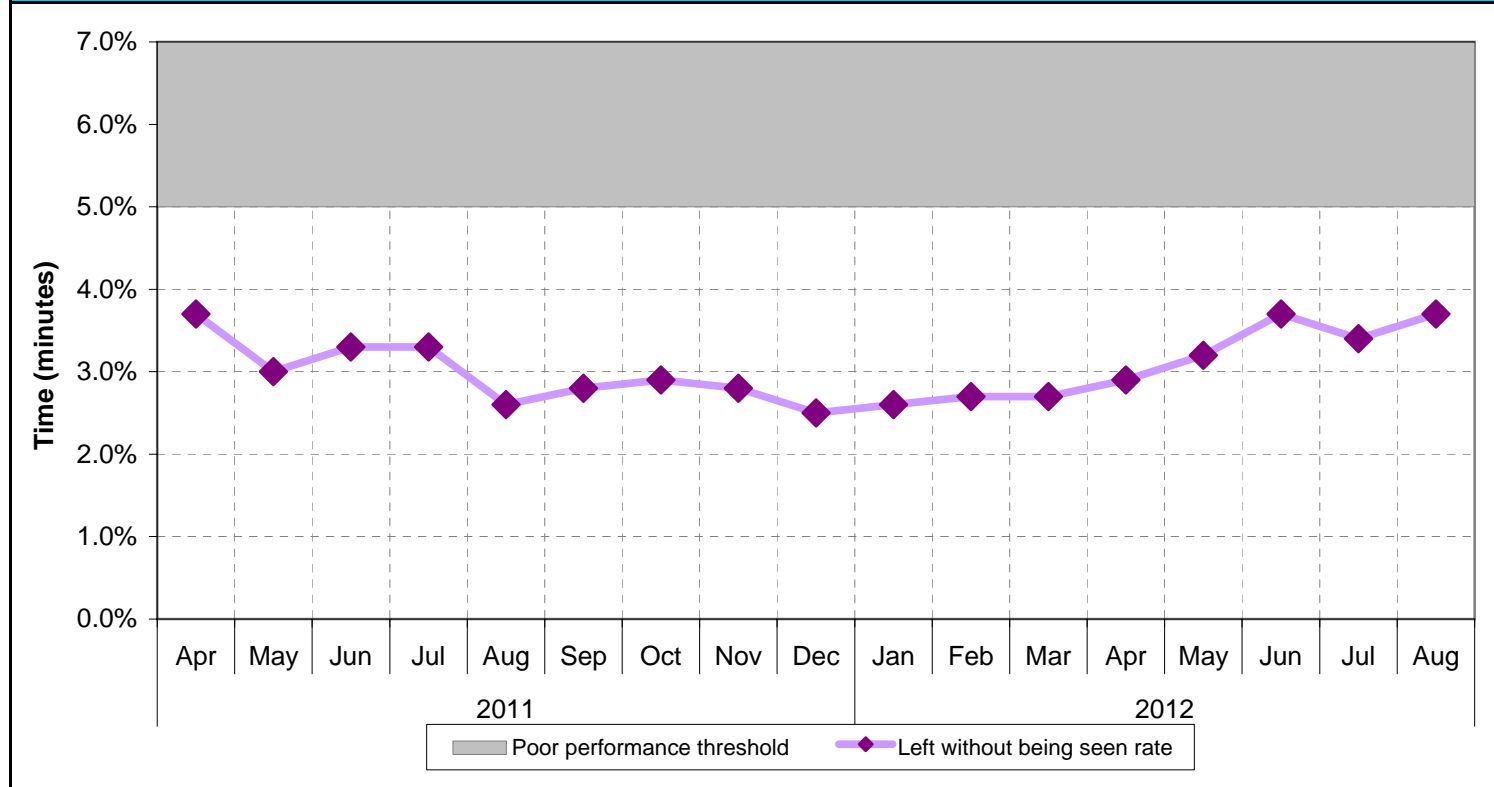
Median wait – 131 minutes

95th percentile – 235 minutes

Single longest wait - 1090 minutes This because it was clinically necessary to keep patients within the department

235	95th percentile this month
↓	Compared to last month
	Data quality

Left Without Being Seen



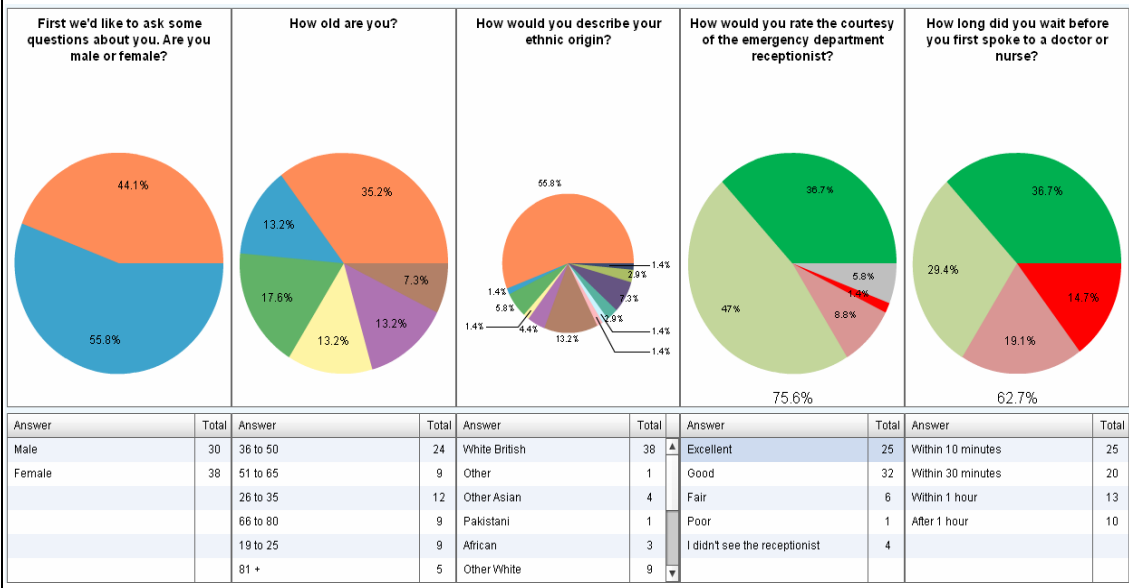
Definition of indicator
 The percentage of people who leave the A&E department without being seen.
 National target is less than 5%
 This measure is reported monthly

Narrative

Throughout 2011/12, the number of patients was consistently less than the national target. For August 2012 the figure was 3.7%.

3.7%	95th percentile this month
↑	Compared to last month
	Data quality

Service Experience



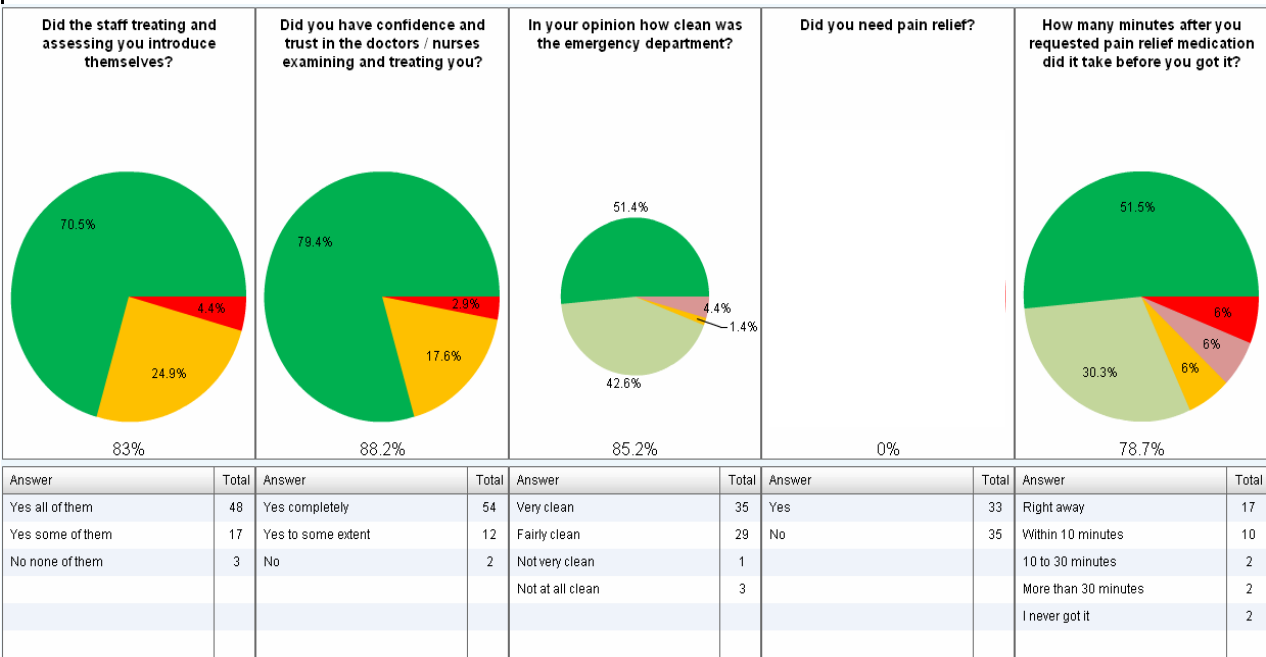
Definition of indicator
 Narrative description of what has been done to assess the experience of patients using A&E services and their carers, what the results were, and what has been done to improve services in light of the results
 This measure is reported quarterly

Narrative

The Patient Experience Tracker (PET) questionnaire is used to ask patients to reflect on their experience of the A&E department including the environment, staff, and whether they were involved in the decisions made regarding their care. The results are reviewed and discussed at the A&E Patient Experience Focus Group on a monthly basis and actions taken to address issues.

	Data quality

Service Experience



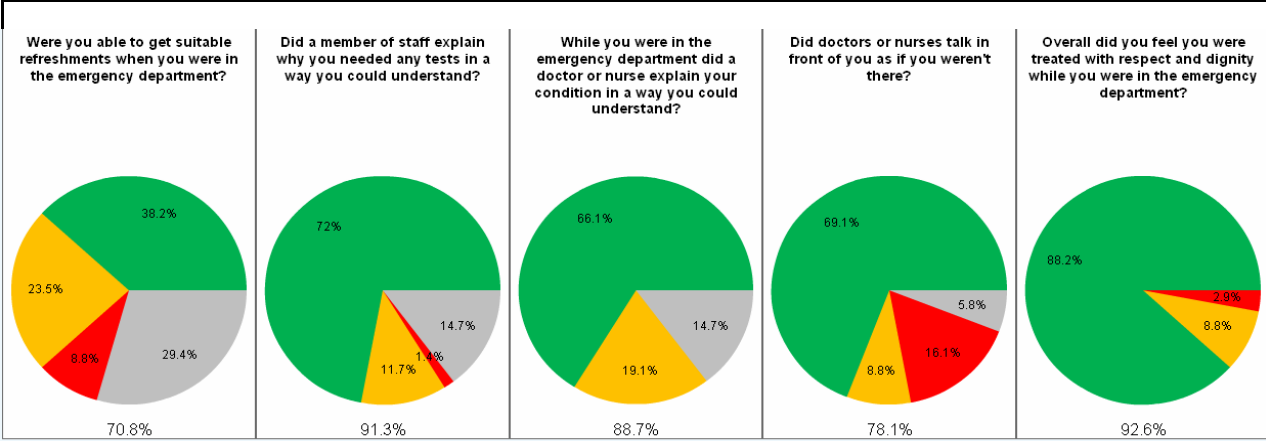
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		Data quality

Service Experience



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Answer	Total	Answer	Total	Answer	Total	Answer	Total	Answer	Total
Yes completely	26	Yes completely	49	Yes completely	45	No	47	Yes completely	60
Yes to some extent	16	Yes to some extent	8	Yes to some extent	13	Yes to some extent	6	Yes to some extent	6
No	6	No	1	This does not apply to me	10	Yes completely	11	No	2
I did not want any refreshments	20	This does not apply to me	10			This does not apply to me	4		

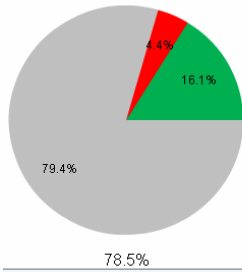
Narrative

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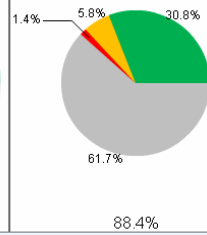
	Data quality

Service Experience

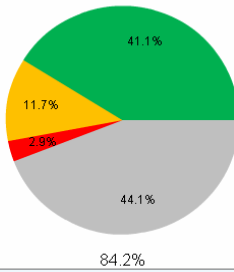
Did someone in the emergency department help get messages to family or friends?



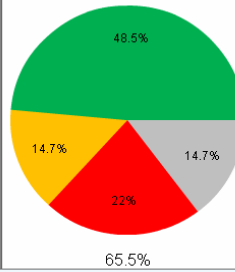
Did a member of staff explain to you how to take new medications?



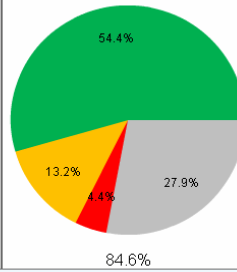
Did a member of staff explain the results of the tests in a way you could understand?



Were you asked to give details of your condition or illness more often than you thought should have been necessary?



Was the main reason you went to the emergency department dealt with to your satisfaction?



Definition of indicator

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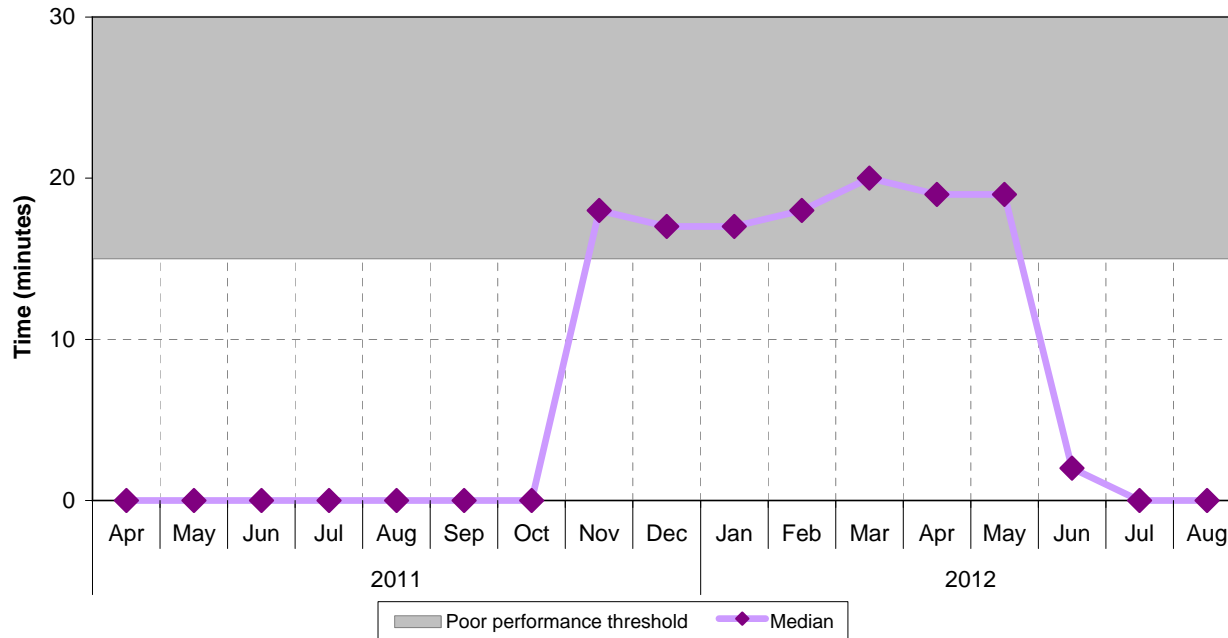
Answer	Total	Answer	Total	Answer	Total	Answer	Total	Answer	Total
Yes	11	Yes completely	21	Yes completely	28	No	33	Yes completely	37
No	3	Yes to some extent	4	Yes to some extent	8	Yes to some extent	10	Yes to some extent	9
This doesn't apply to me	54	No	1	No	2	Yes completely	15	No	3
		This doesn't apply to me	42	This doesn't apply to me	30	This doesn't apply to me	10	It is still being dealt with	19

Narrative

The Patient Experience Tracker (PET) questionnaire is used to ask patients to reflect on their experience of the A&E department including the environment, staff, and whether they were involved in the decisions made regarding their care. The results are reviewed and discussed at the A&E Patient Experience Focus Group on a monthly basis and actions taken to address issues.

	Data quality

Time to Initial Assessment



Definition of indicator

The time from arrival to start of full assessment, which includes a pain score and early warning score, for all patients presenting by ambulance. The national target is 15 minutes. This measure is reported on monthly.

Narrative

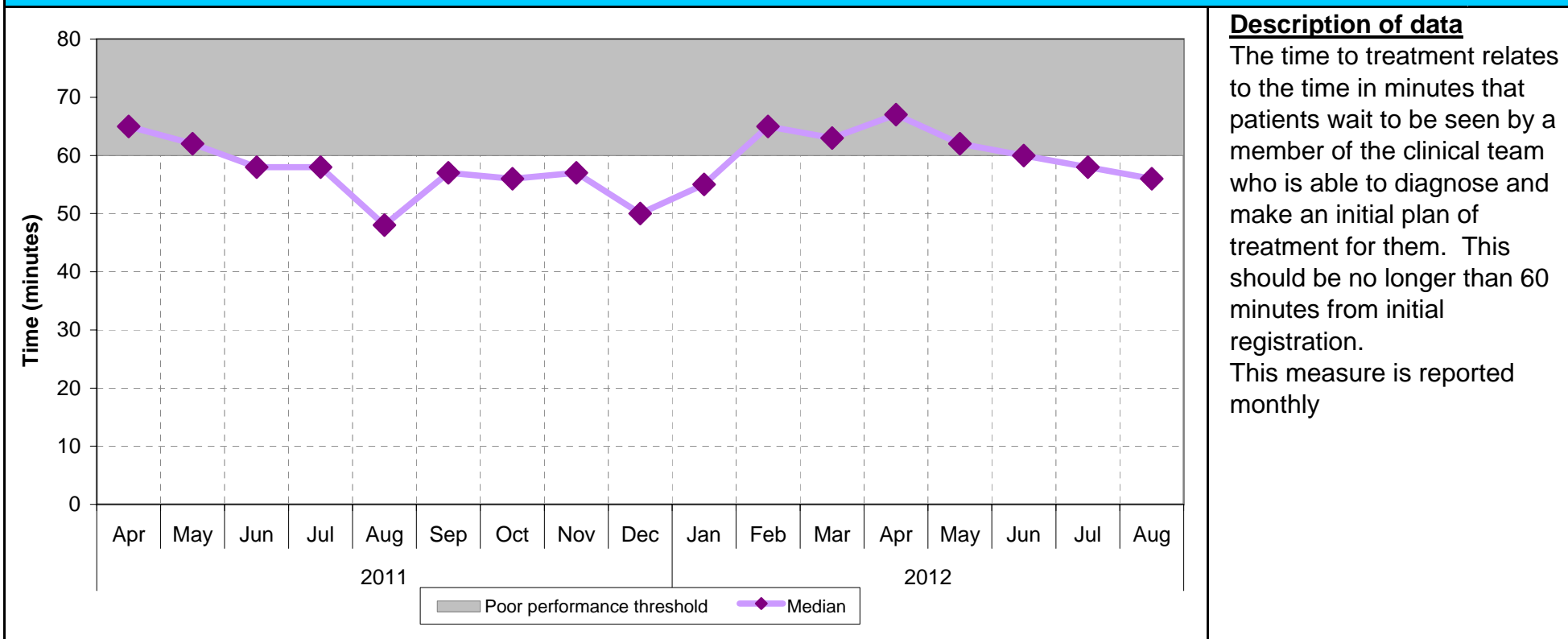
A median wait of zero minutes against target is recorded for August. Ambulance triage moved to the front of the A&E Department from the 12 May 2012, this ensures that all observations are carried out on the patients arrival to the hospital



Compared to last month

Data quality

Time to Treatment in A&E



Description of data

The time to treatment relates to the time in minutes that patients wait to be seen by a member of the clinical team who is able to diagnose and make an initial plan of treatment for them. This should be no longer than 60 minutes from initial registration. This measure is reported monthly

Narrative

A breakdown of August's performance is below:-
 Median wait – 56 minutes
 Max wait – 641 minutes
 95th percentile – 133 minutes

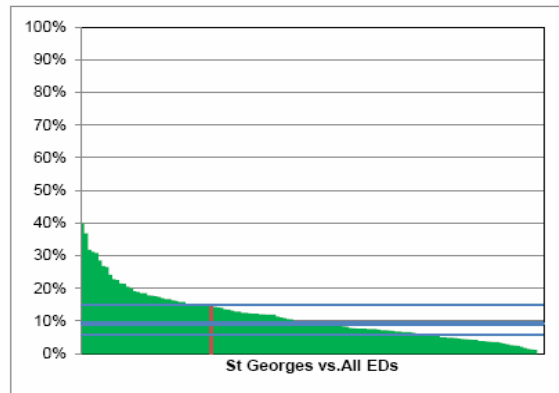
56	Median wait for this month
↓	Compared to last month
	Data quality

Consultant Sign-Off

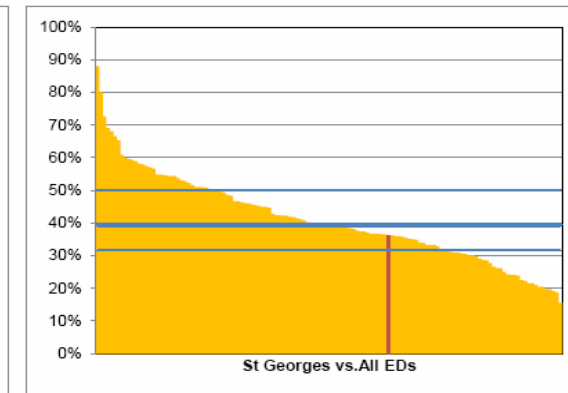
Table 2	All audited patients					
	St Georges			UK Totals		
% of all audited patients	seen by	discussed with	ED notes reviewed after discharge by	seen by	discussed with	ED notes reviewed after discharge by
a consultant / associate specialist	15%	25%	0%	11%	11%	7%
a ST4 or more senior doctor*	36%	40%	0%	41%	30%	12%

* consultant, associate specialist, staff grade, specialty doctor, senior clinical fellow, or ST4-7+

Chart 2: Percentages of all audited patients seen ...
... by a consultant or associate specialist



... by a doctor of seniority ST4 or above*



Definition of indicator

The percentage of patients presenting at type 1 and 2 (major) A&E departments in certain high-risk patient groups (adults with non-traumatic chest pain, febrile children less than 1 year old and patients making an unscheduled return visit with the same condition within 72 hours of discharge) who are reviewed by an emergency medicine consultant before being discharged. This measure is monitored six monthly

Narrative

Percentage of all audited patients signed off by consultant = 40% (nationally = 22%)

Percentage of all audited patients signed off by Consultant (or ST4 and above if consultant not immediately available = 76% (nationally = 71%))

SGH total of 76% percentage of patients signed off by a consultant

76%	Consultant Sign-Off
	Compared to last period
	Data quality