

A&E Clinical Quality Indicators

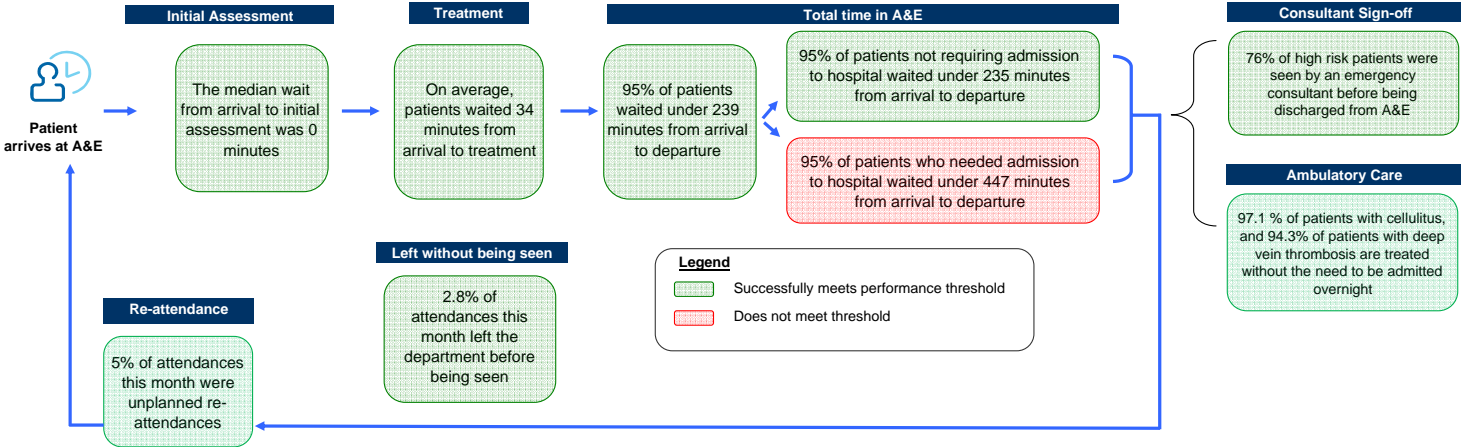
Overview

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

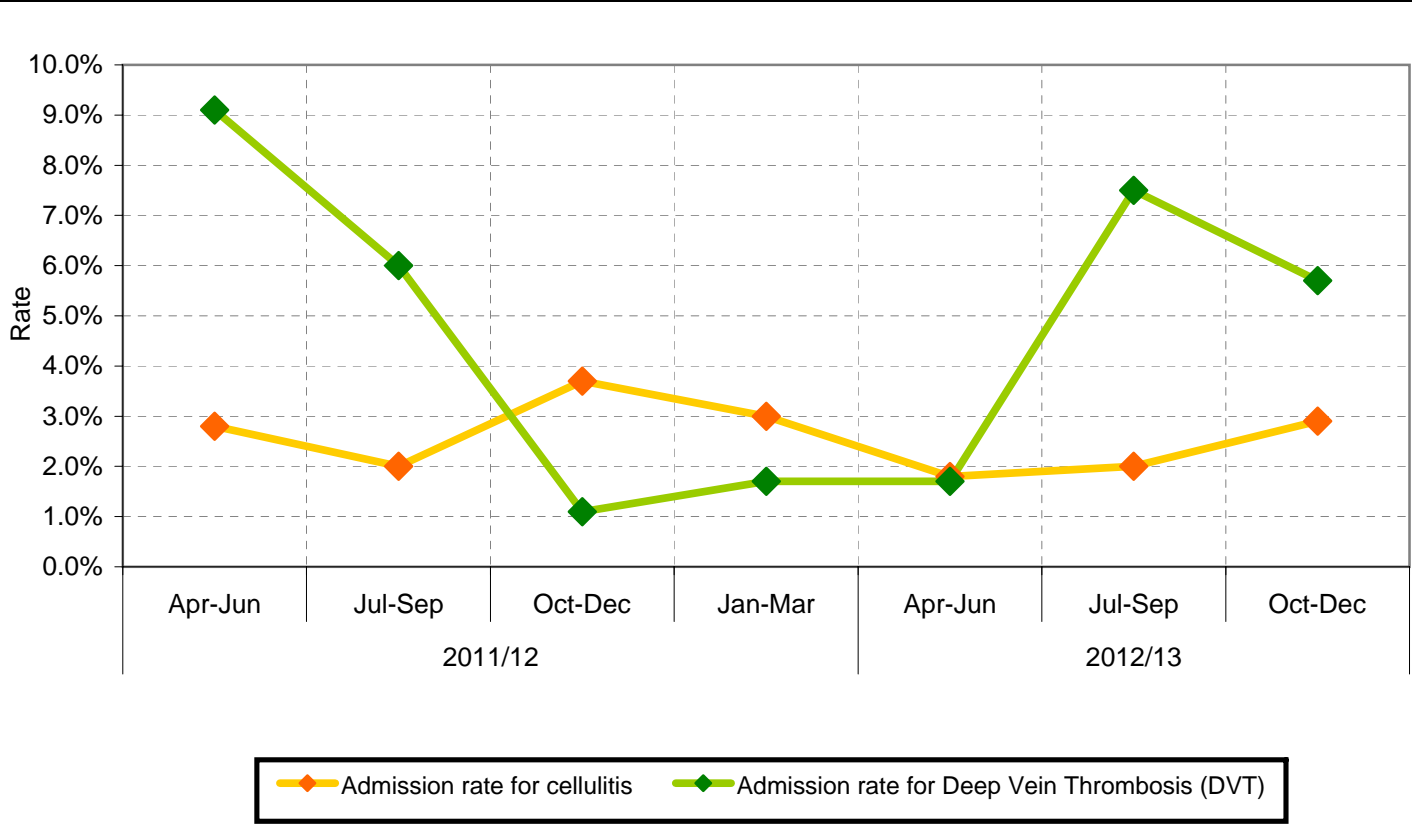
General Information

St George's Hospital NHS Trust
 Type 1 (Major)
 Published for Feb-2013

Summary of performance - February 2013



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.

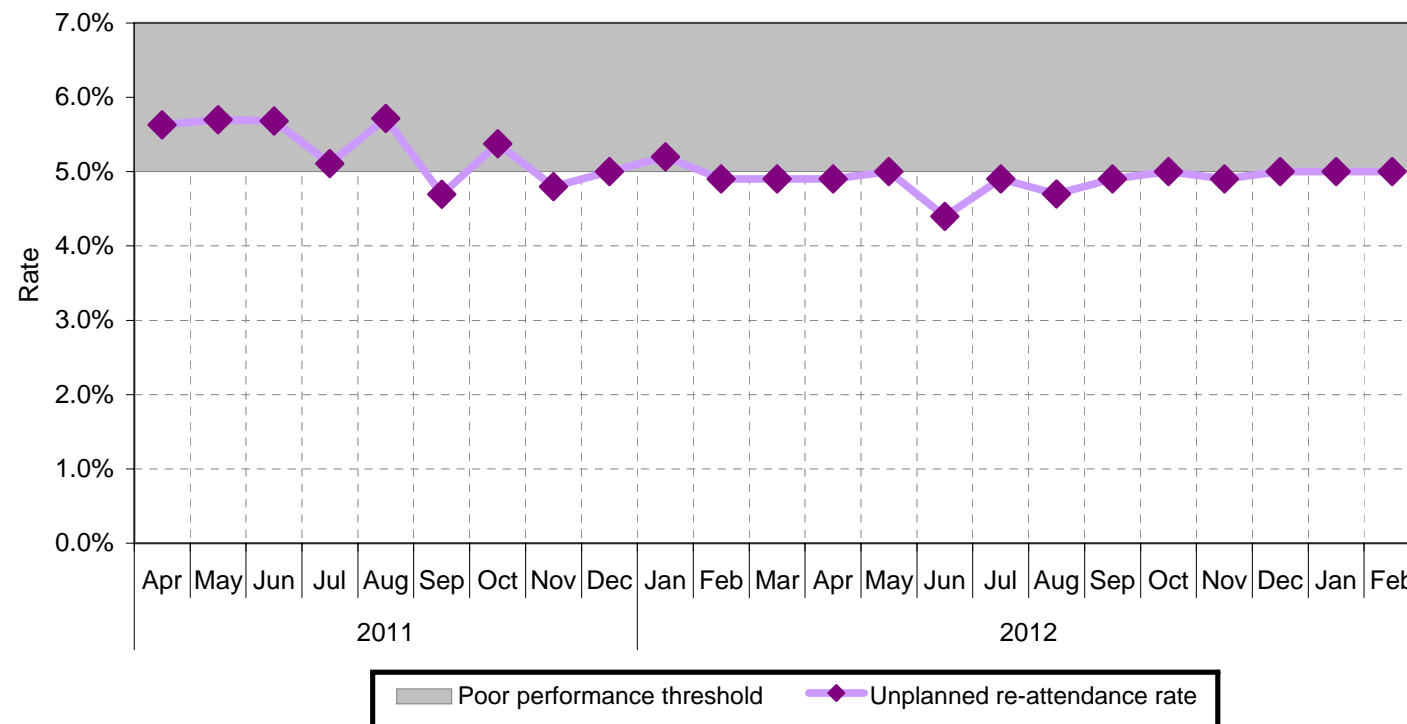
This measure is recorded quarterly. Next upload June 2012

Narrative

Throughout 2011/12 and the first 2 quarters of 2012/13 the admission rates for cellulitis and DVT were below the national target of 10%. In quarter 3 the admission rate for DVT was 5.7%.

2.9%	This quarter (cellulitis)
↑	Compared to last qtr
	Data quality
5.7%	This quarter (DVT)
↓	Compared to last qtr
	Data quality

Unplanned Re-attendance Rate



Definition of indicator

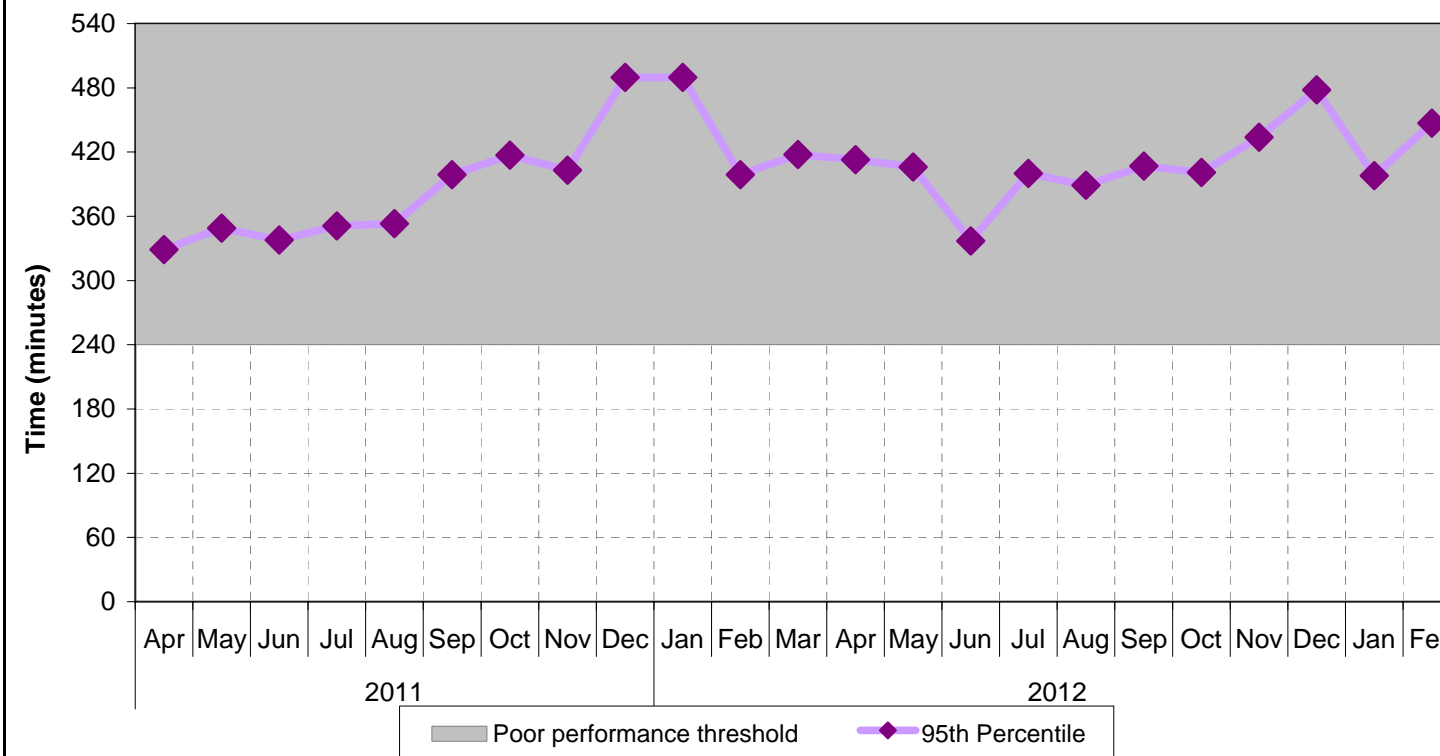
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target is less than 5% and monitored monthly

Narrative

St Georges Hospital has consistently met the target since February 2012. The figure for February was 5%

5.0%	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 February 2013 data is included below

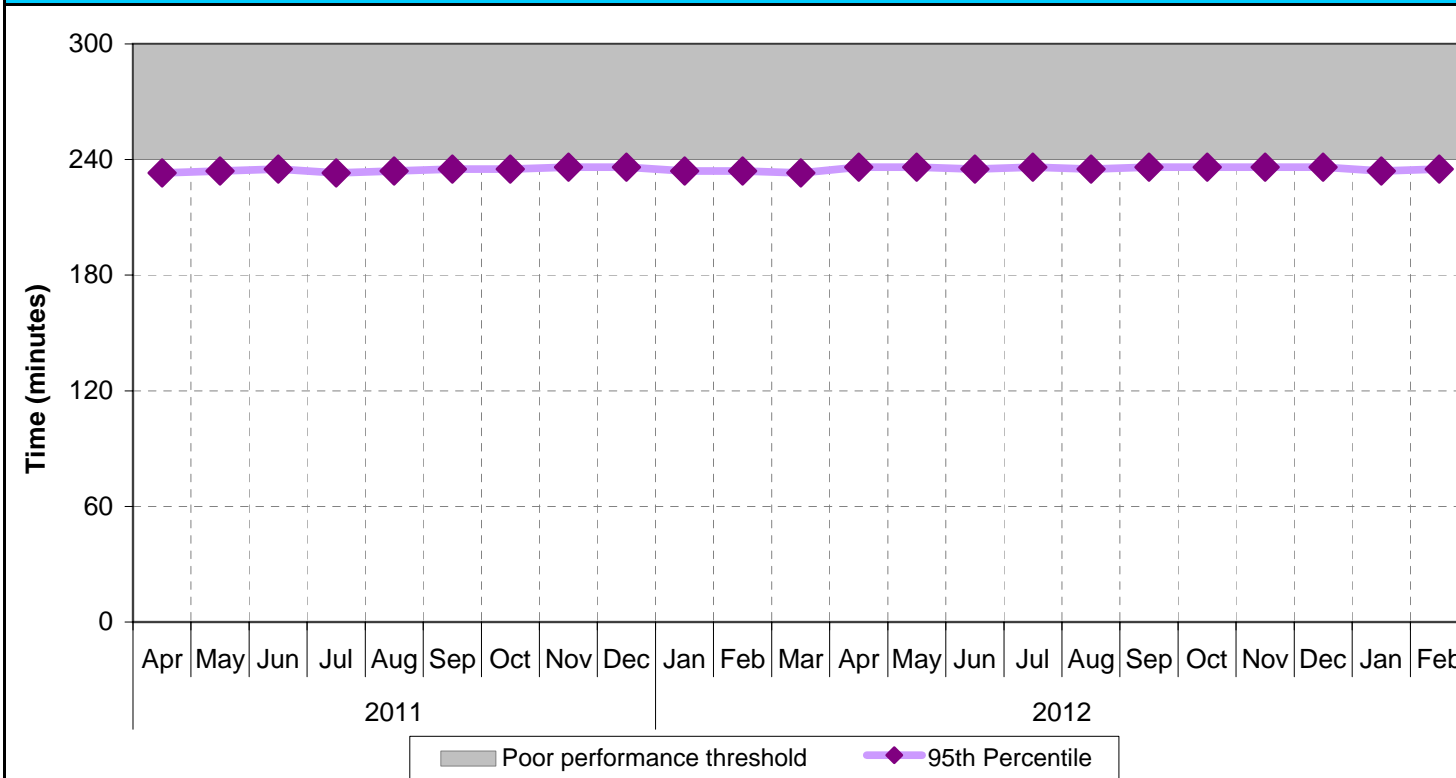
Median wait – 227 minutes

95th percentile – 447 minutes

Single longest wait - 1080 minutes. This because it was clinically necessary to keep patients within the department

447	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 February 2013 data is included below

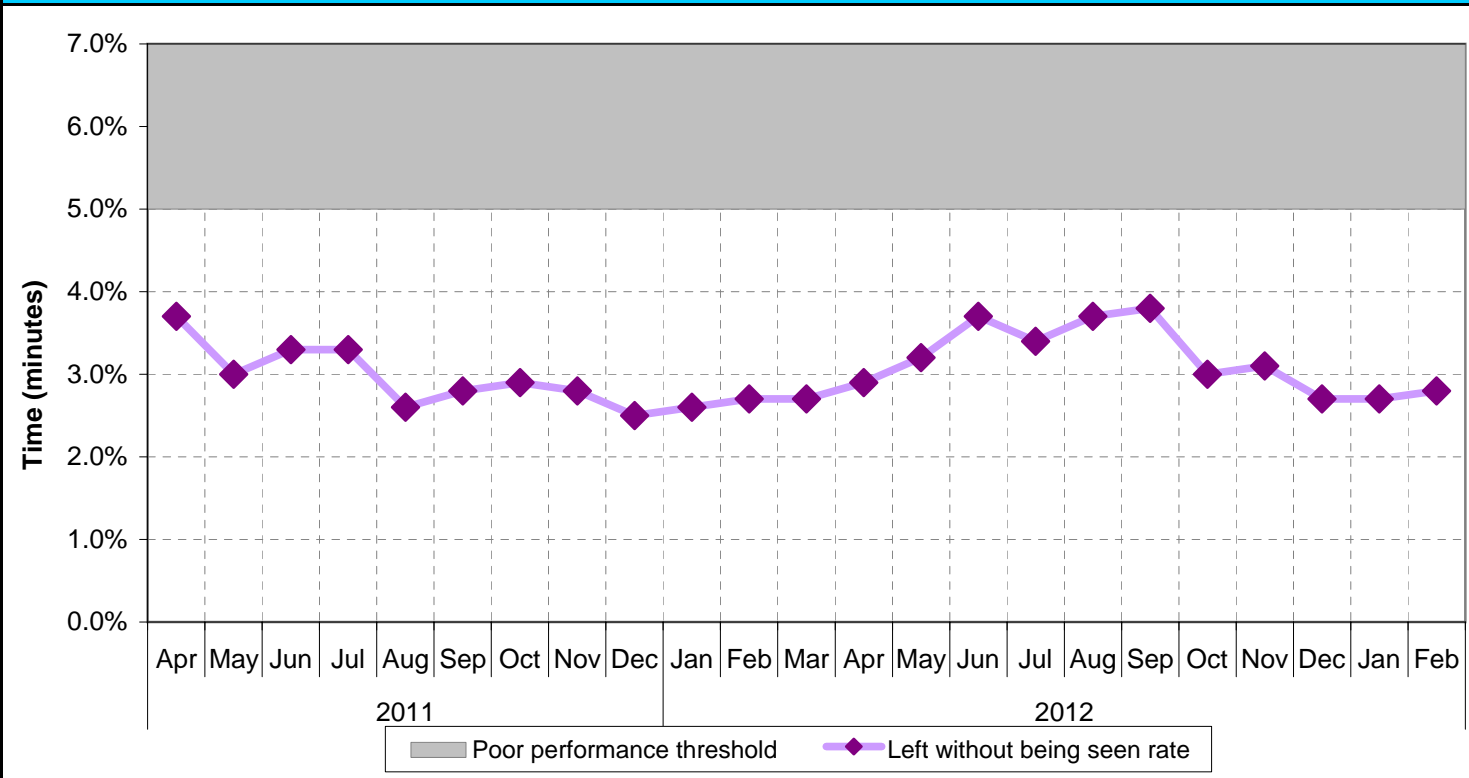
Median wait – 141 minutes

95th percentile – 235 minutes

Single longest wait - 878 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 and 2012-13 the percentage of patients who left the department without being seen was below the national target. For February 2013 the figure was 2.8%.

2.8%	95th percentile this month
↑	Compared to last month
	Data quality

Service Experience

Definition of indicator

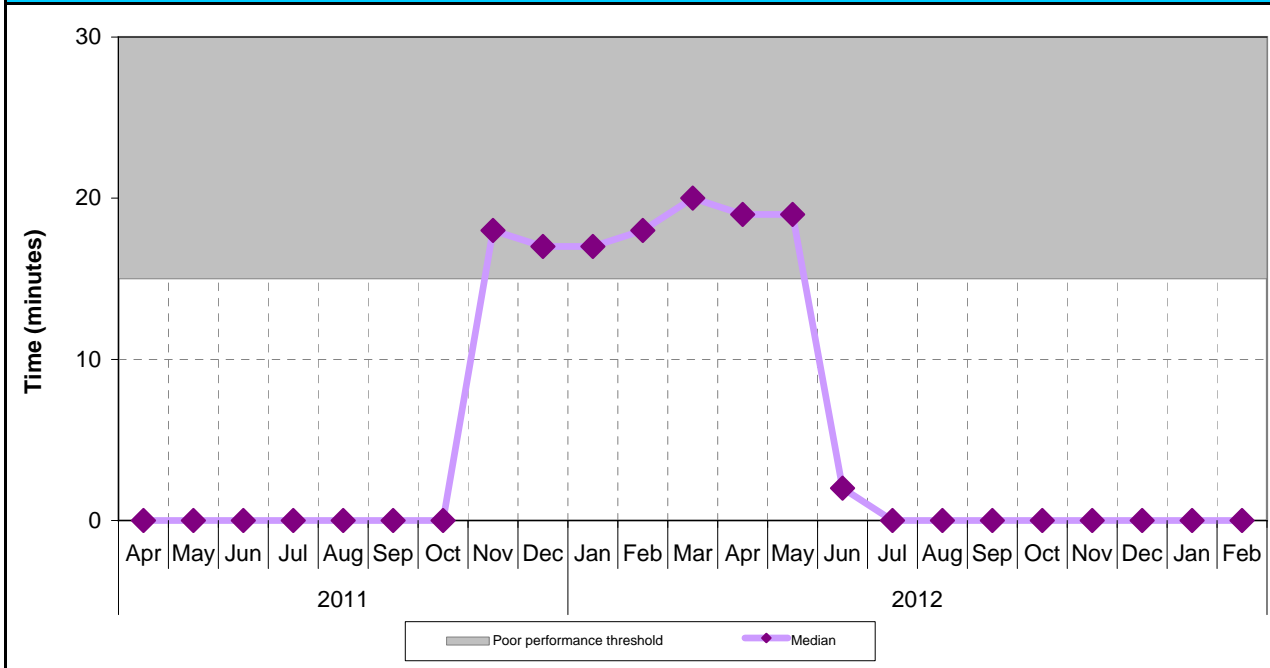
Narrative description of what has been done to assess the experience of patients using A&E services and their carers, what the results were, and what has been done to improve services in light of the results
 This measure is reported quarterly

Narrative

The Patient Experience Tracker (PET) questionnaires have been removed from the department for reconfiguration to include the Department of Healths Friends and Family test questions.

		Data quality

Time to Initial Assessment

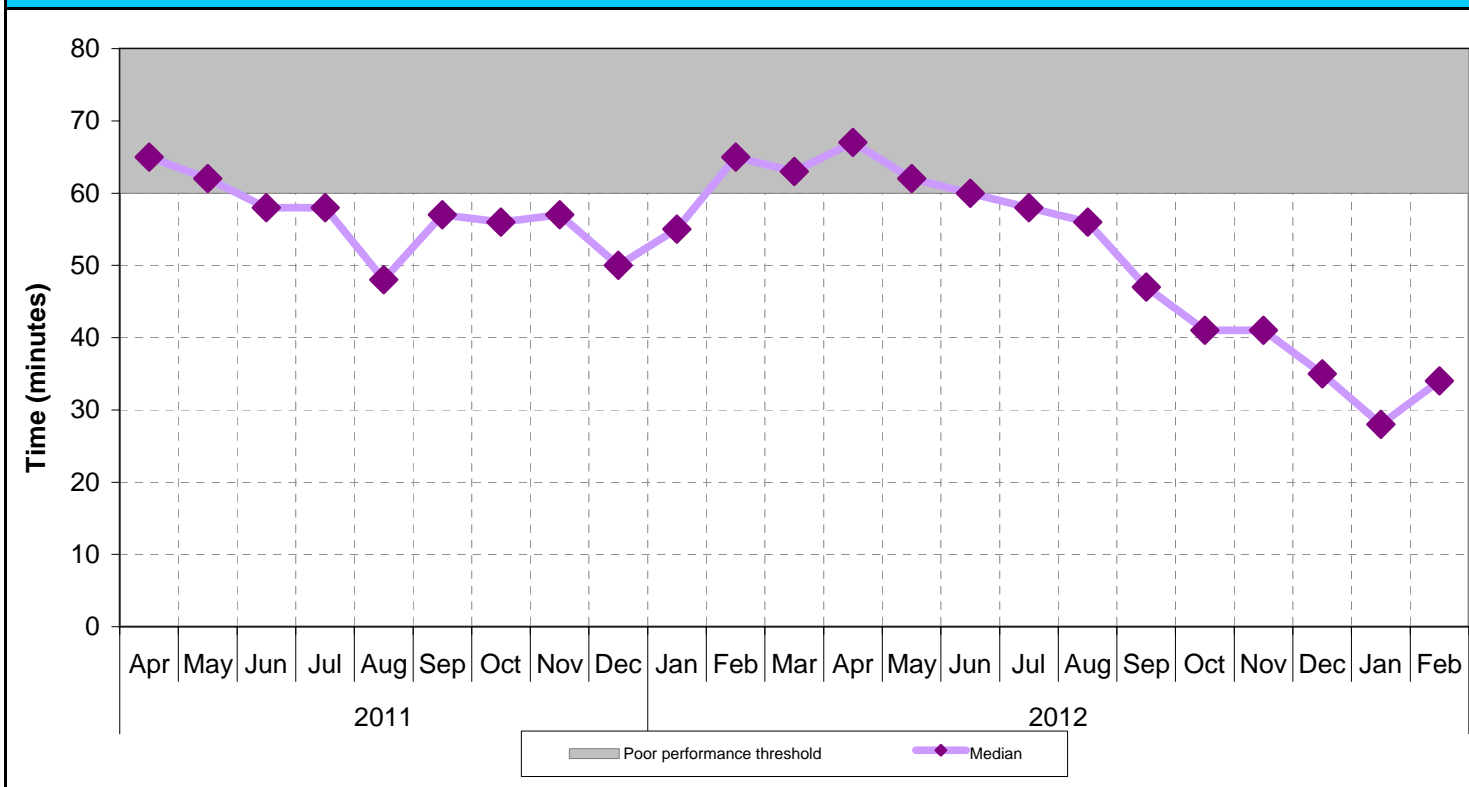


Definition of indicator
 The time from arrival to start of full assessment, which includes a pain score and early warning score, for all patients presenting by ambulance. The national target is 15 minutes. This measure is reported on monthly.

Narrative
 A median wait of zero minutes against target is recorded for February. 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 February's performance is included below:-

Median wait – 34 minutes

Max wait – 266 minutes

95th percentile – 121 minutes

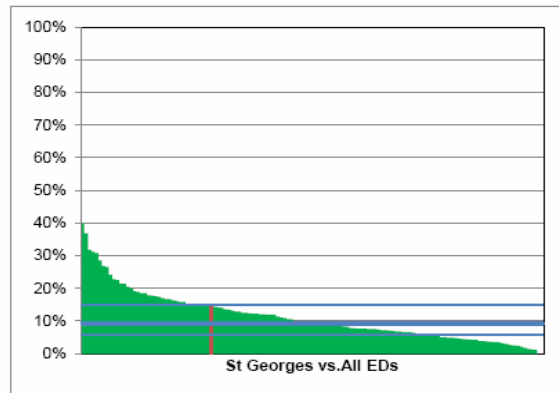
34	Median wait this month
↑	Compared to last month
	Data quality

Consultant Sign-Off

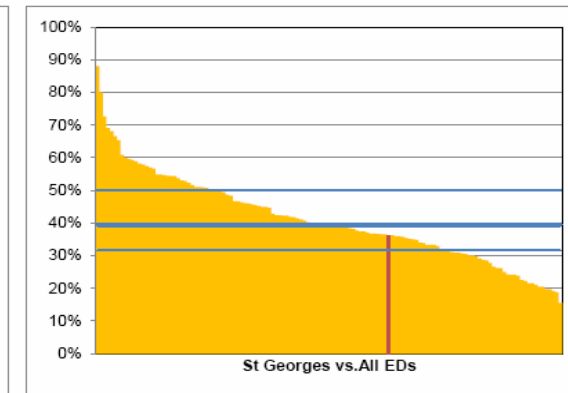
Table 2	All audited patients					
	St Georges			UK Totals		
% of all audited patients	seen by	discussed with	ED notes reviewed after discharge by	seen by	discussed with	ED notes reviewed after discharge by
a consultant / associate specialist	15%	25%	0%	11%	11%	7%
a ST4 or more senior doctor*	36%	40%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