

# A&E Clinical Quality Indicators

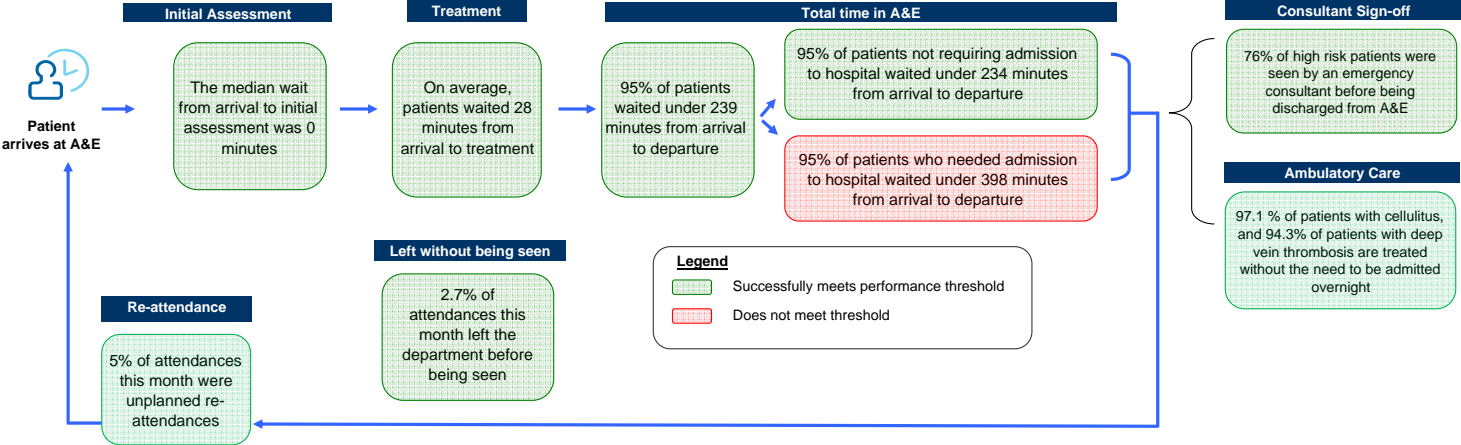
**Overview**

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

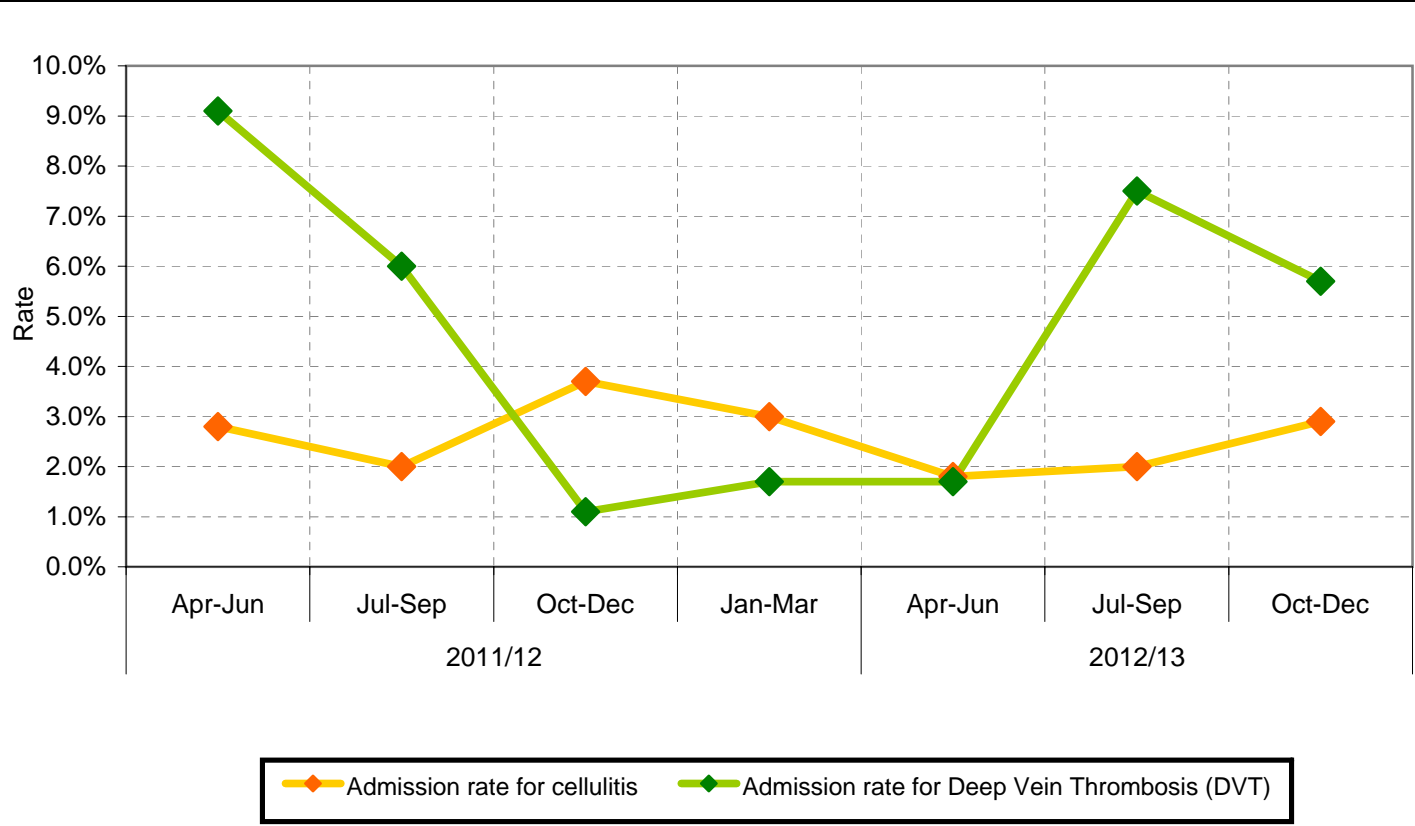
**General Information**

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

**Summary of performance - January 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.

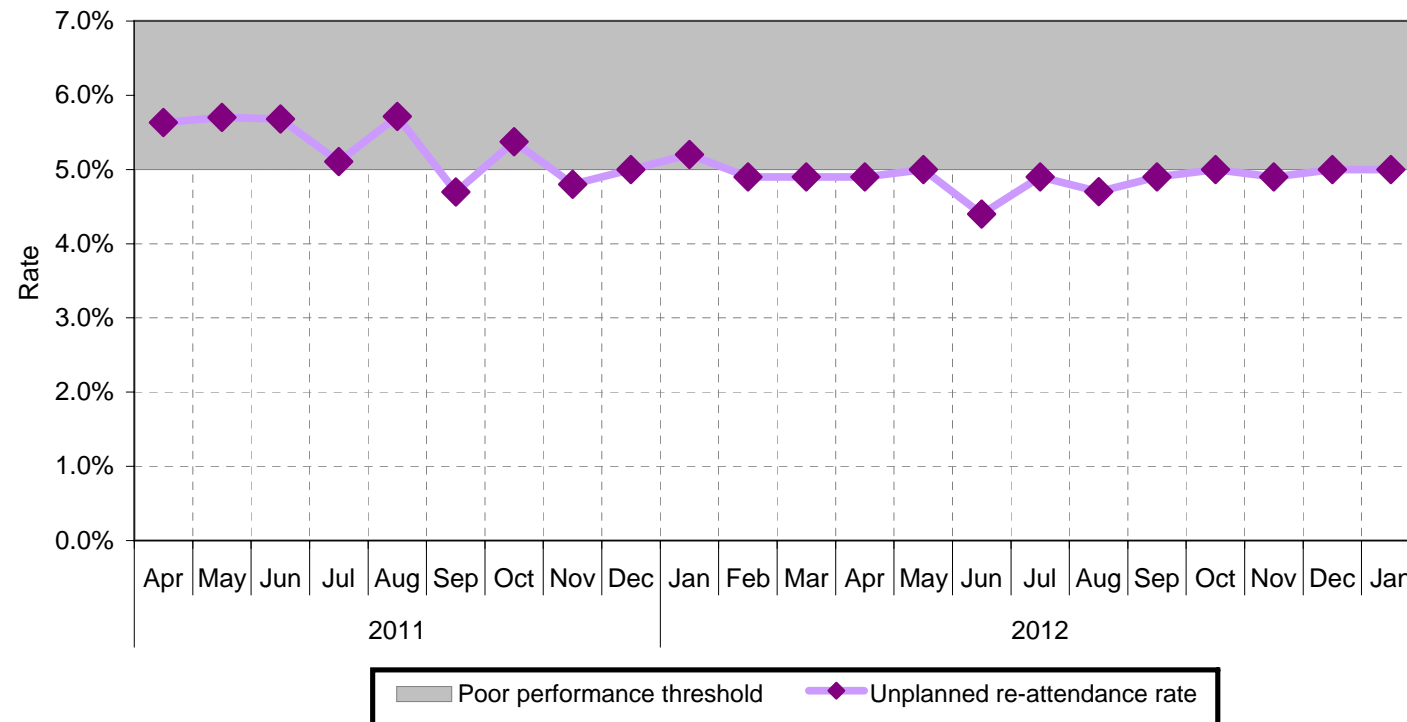
This measure is recorded quarterly. Next upload June 2012

**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**

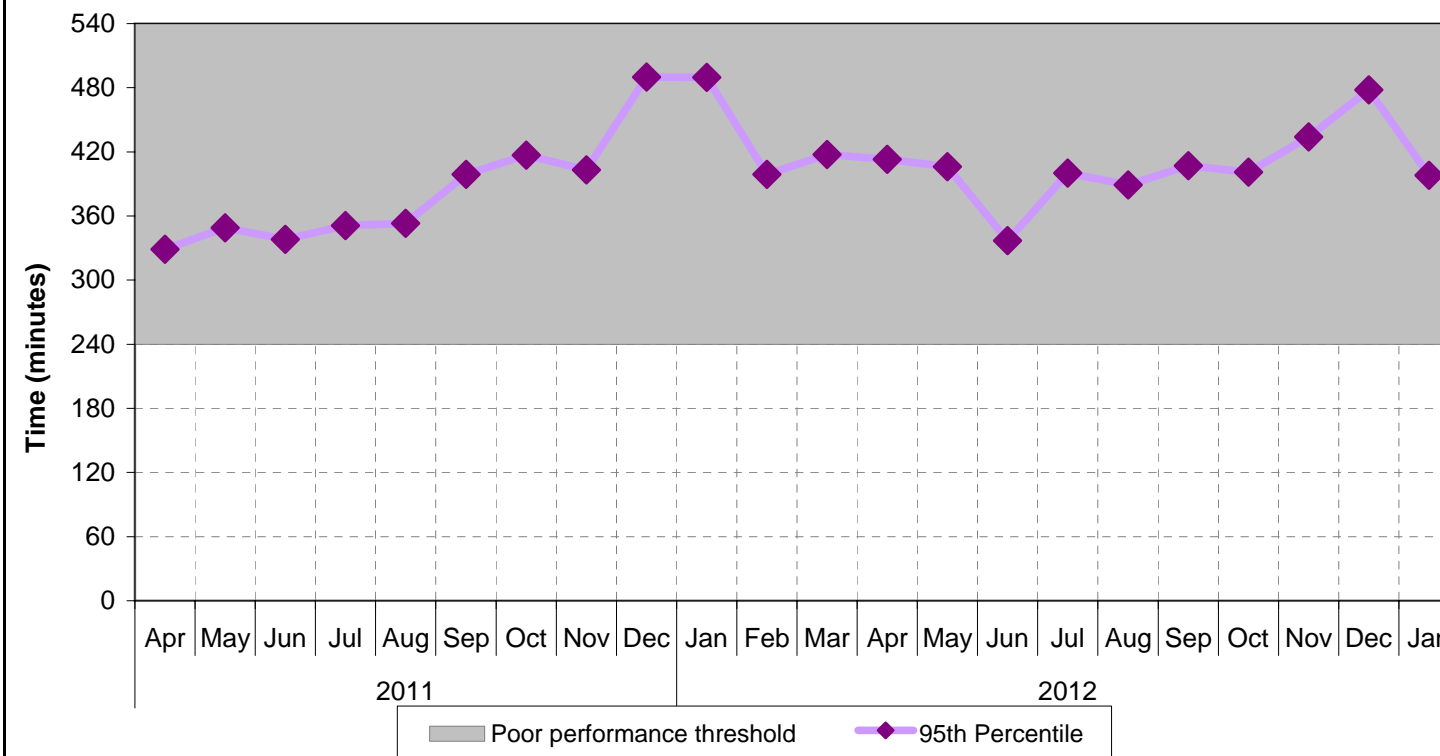
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target is less than 5% and monitored monthly

**Narrative**

St Georges Hospital has consistently met the target since February 2012. The figure for January 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 January 2013 data is included below

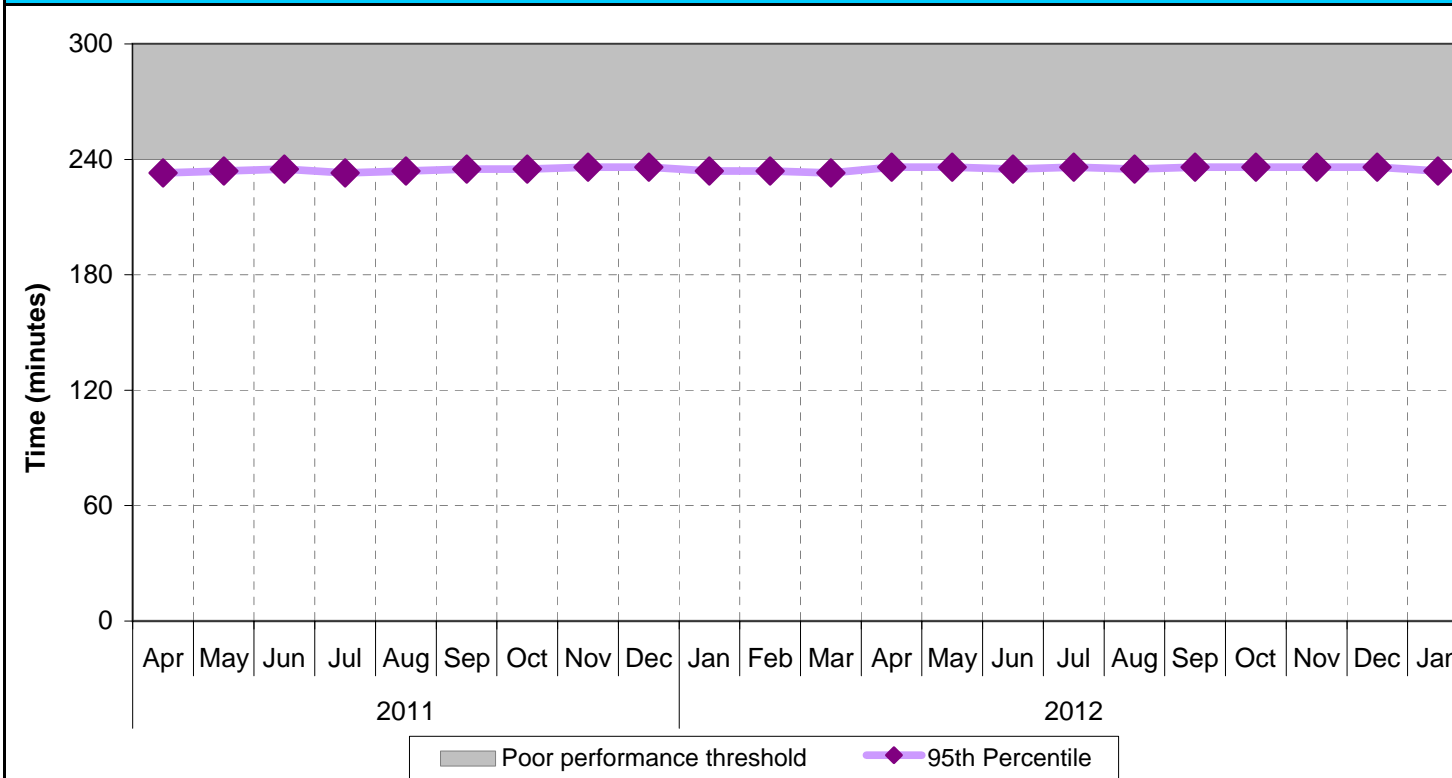
Median wait – 221 minutes

95th percentile – 397 minutes

Single longest wait - 1571 minutes. This because it was clinically necessary to keep patients within the department

398	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 January 2012 data is included below

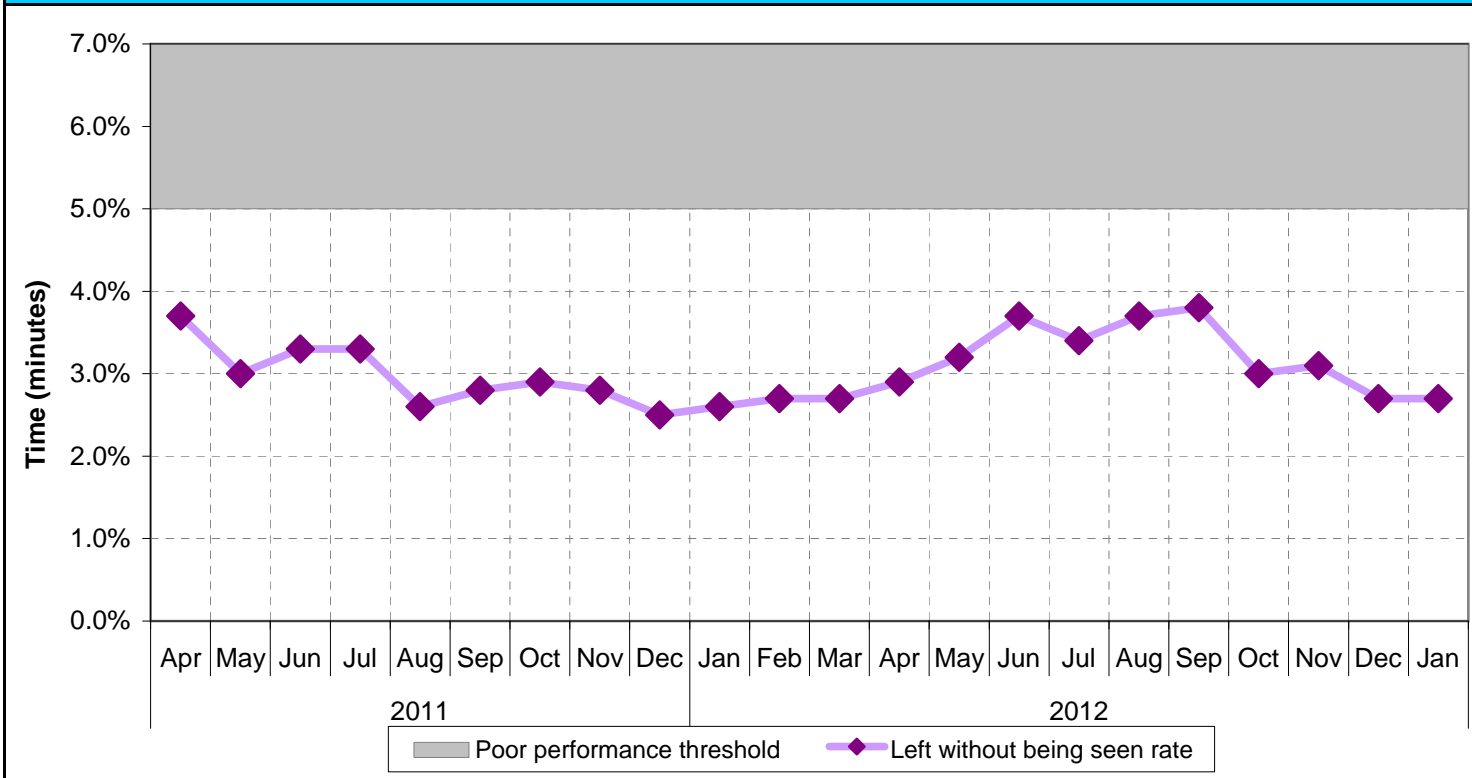
Median wait – 133 minutes

95th percentile – 234 minutes

Single longest wait - 824 minutes This because it was clinically necessary to keep patients within the department

234	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 January 2013 the figure was 2.7%.

2.7%	95th percentile this month
↔	Compared to last month
	Data quality

## Service Experience

**Definition of indicator**

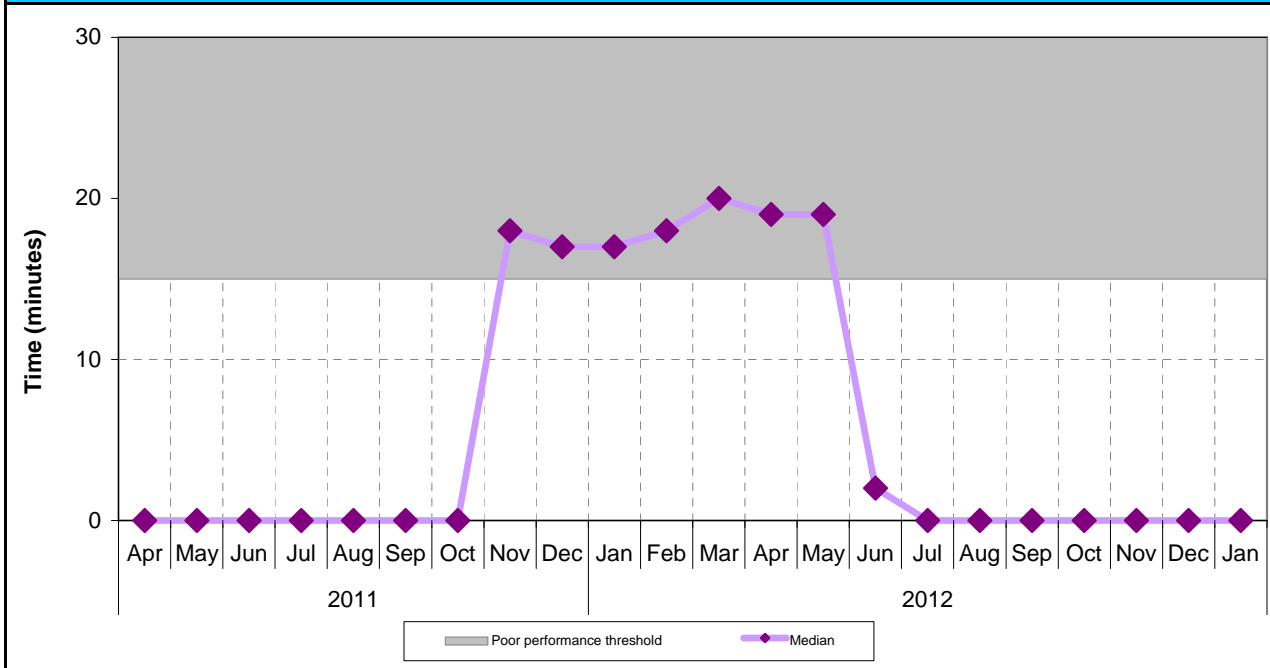
Narrative description of what has been done to assess the experience of patients using A&E services and their carers, what the results were, and what has been done to improve services in light of the results  
This measure is reported quarterly

**Narrative**

The Patient Experience Tracker (PET) 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



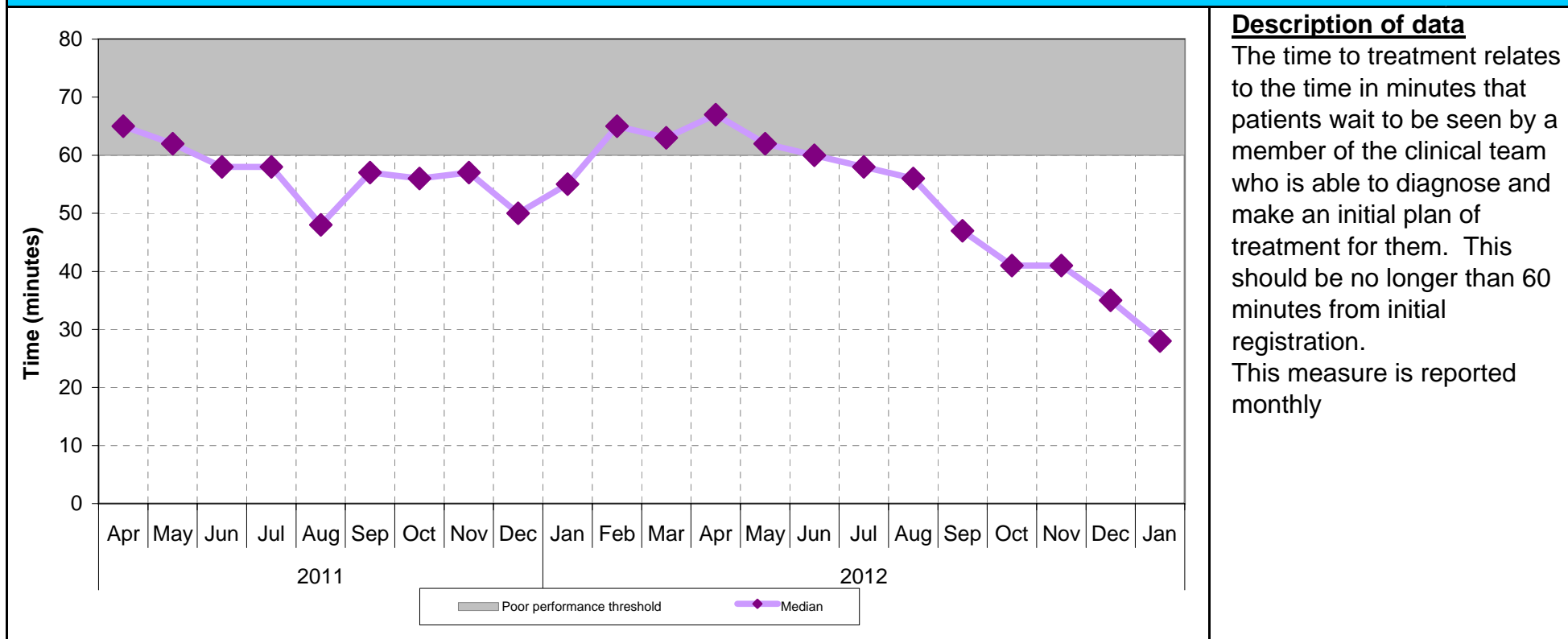
**Definition of indicator**  
 The time from arrival to start of full assessment, which includes a pain score and early warning score, for all patients presenting by ambulance. The national target is 15 minutes. This measure is reported on monthly.

**Narrative**  
 A median wait of zero minutes against target is recorded for January. 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 January's performance is included below:-  
 Median wait – 28 minutes  
 Max wait – 556 minutes  
 95th percentile – 112 minutes

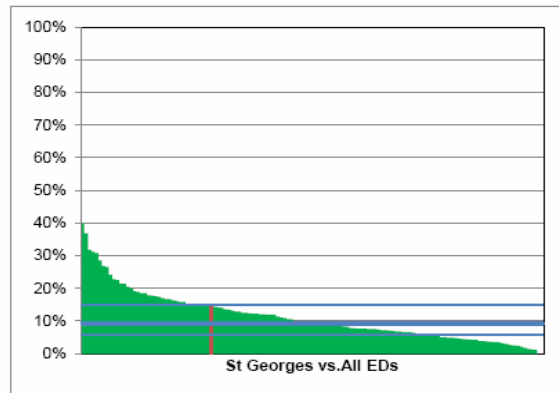
28	Median wait this month
↓	Compared to last month
	Data quality

# Consultant Sign-Off

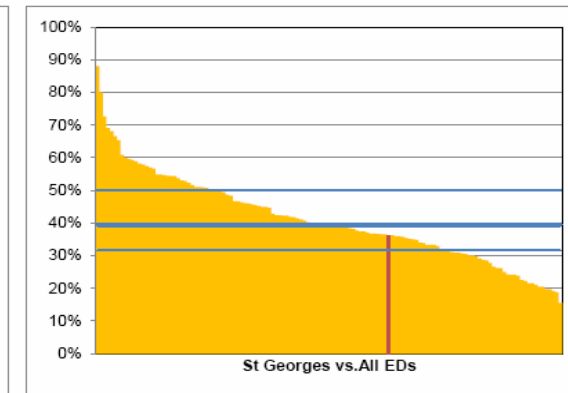
Table 2	All audited patients					
	St Georges			UK Totals		
% of all audited patients	seen by	discussed with	ED notes reviewed after discharge by	seen by	discussed with	ED notes reviewed after discharge by
a consultant / associate specialist	15%	25%	0%	11%	11%	7%
a ST4 or more senior doctor*	36%	40%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

<b>76%</b>	Consultant Sign-Off
	Compared to last period
	Data quality