

# A&E Clinical Quality Indicators

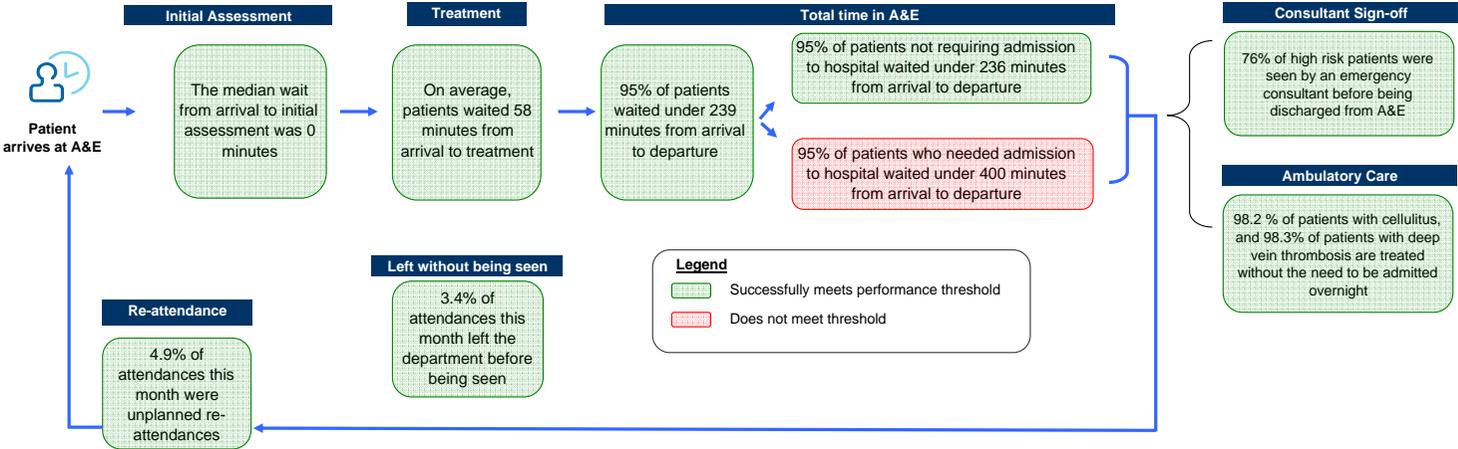
**Overview**

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

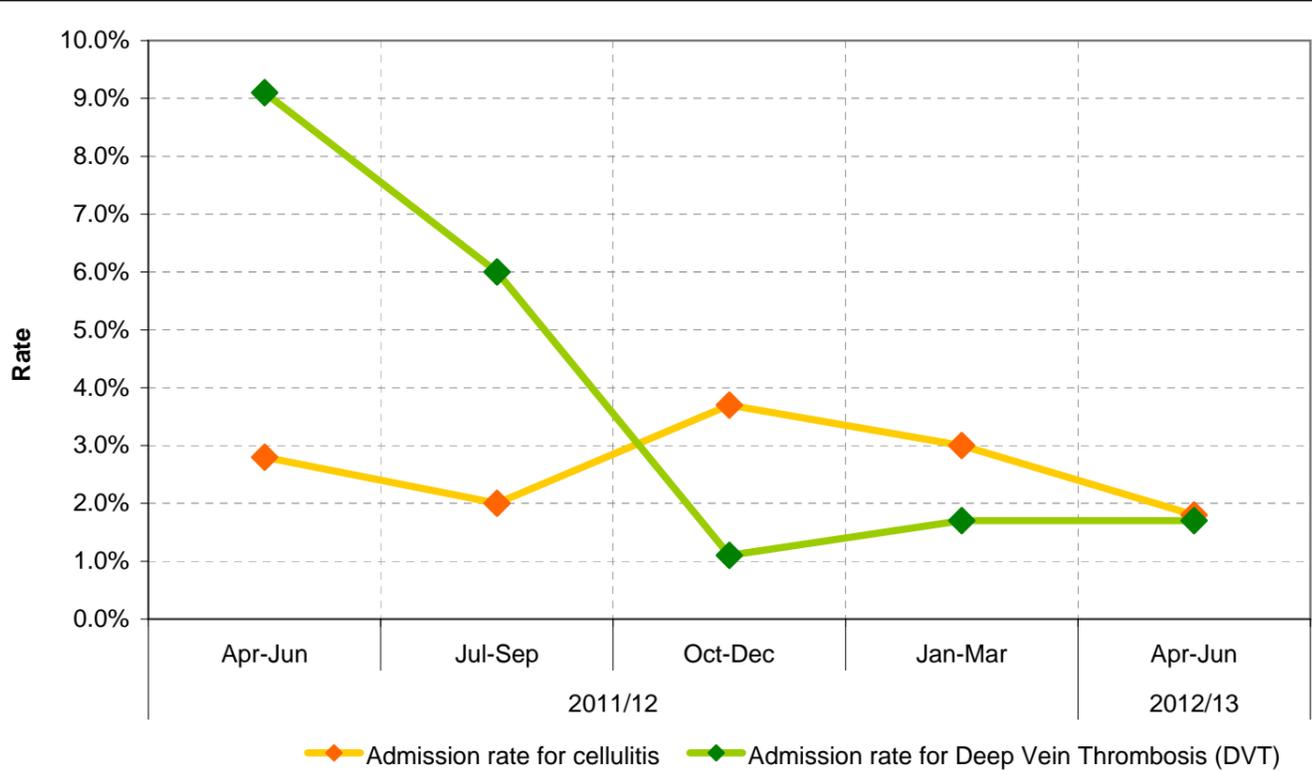
**General Information**

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

**Summary of performance - July 2012**



# Ambulatory Care



**Definition of indicator**

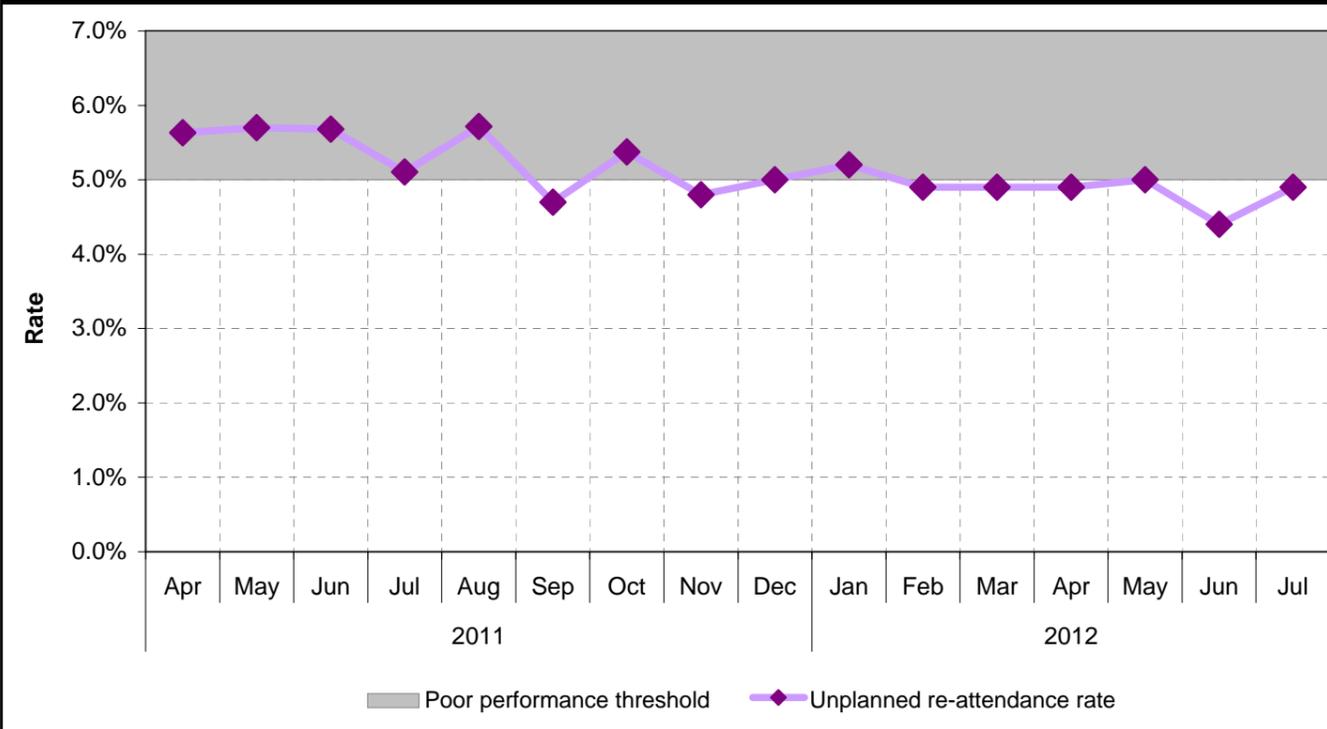
Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.  
 Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission  
 This presents 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



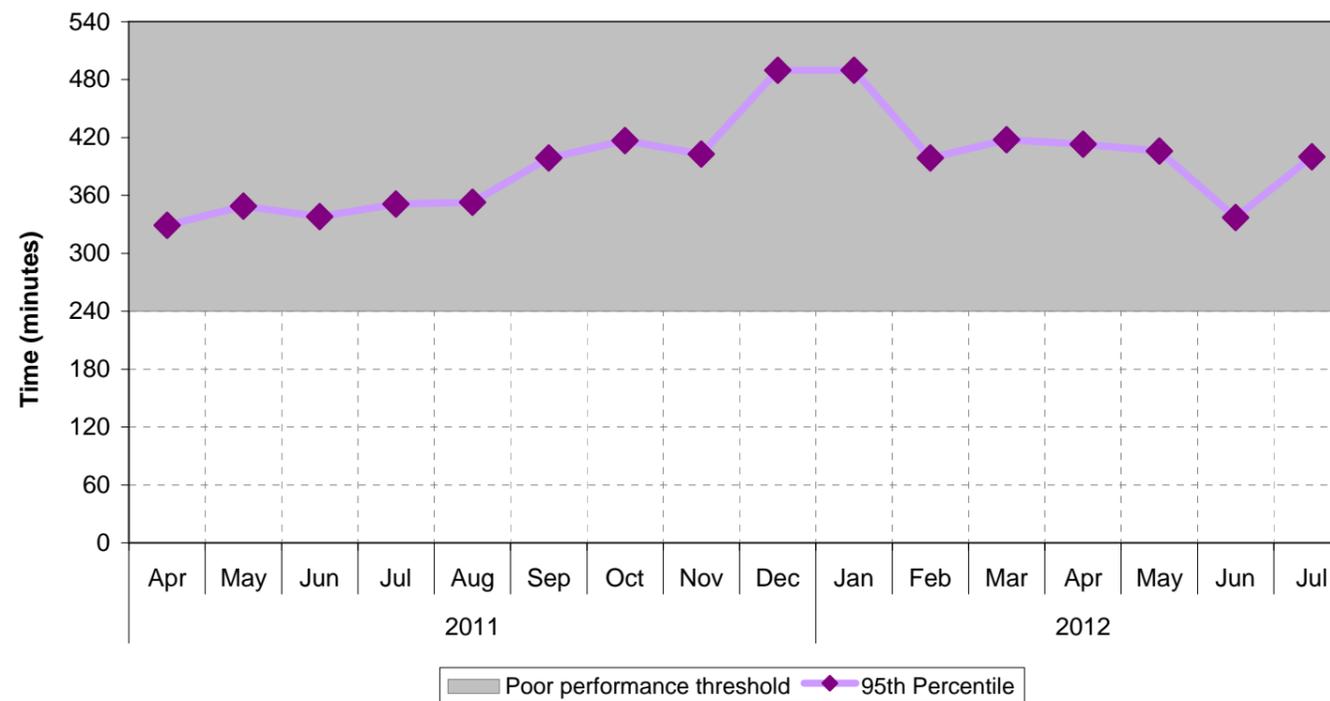
**Definition of indicator**  
 Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target is less than 5% and monitored monthly

**Narrative**

St Georges Hospital has consistently met the target since February 2012. The figure for July is 4.9%.

4.9%	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 July 2012 data is below

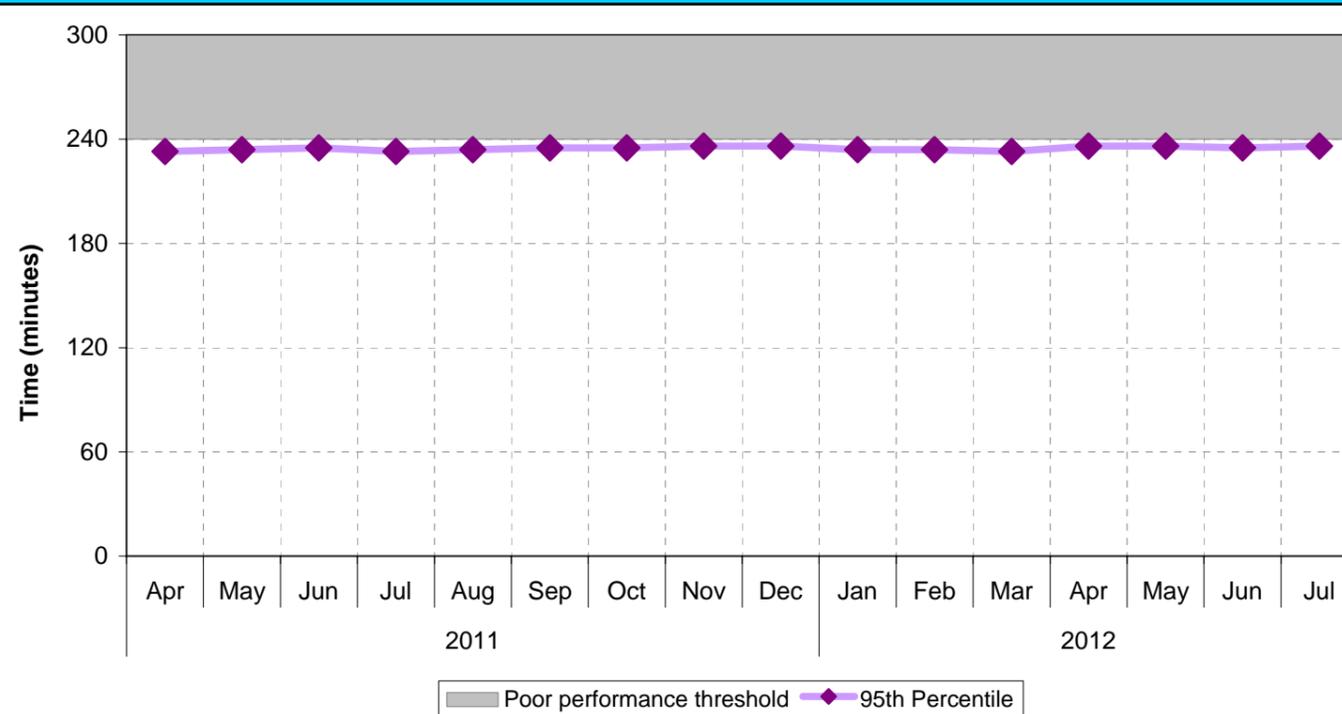
Median wait – 225 minutes

95th percentile – 400 minutes

Single longest wait - 1109 minutes. This because it was clinically necessary to keep patients within the department

400	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 July 2012 data is below

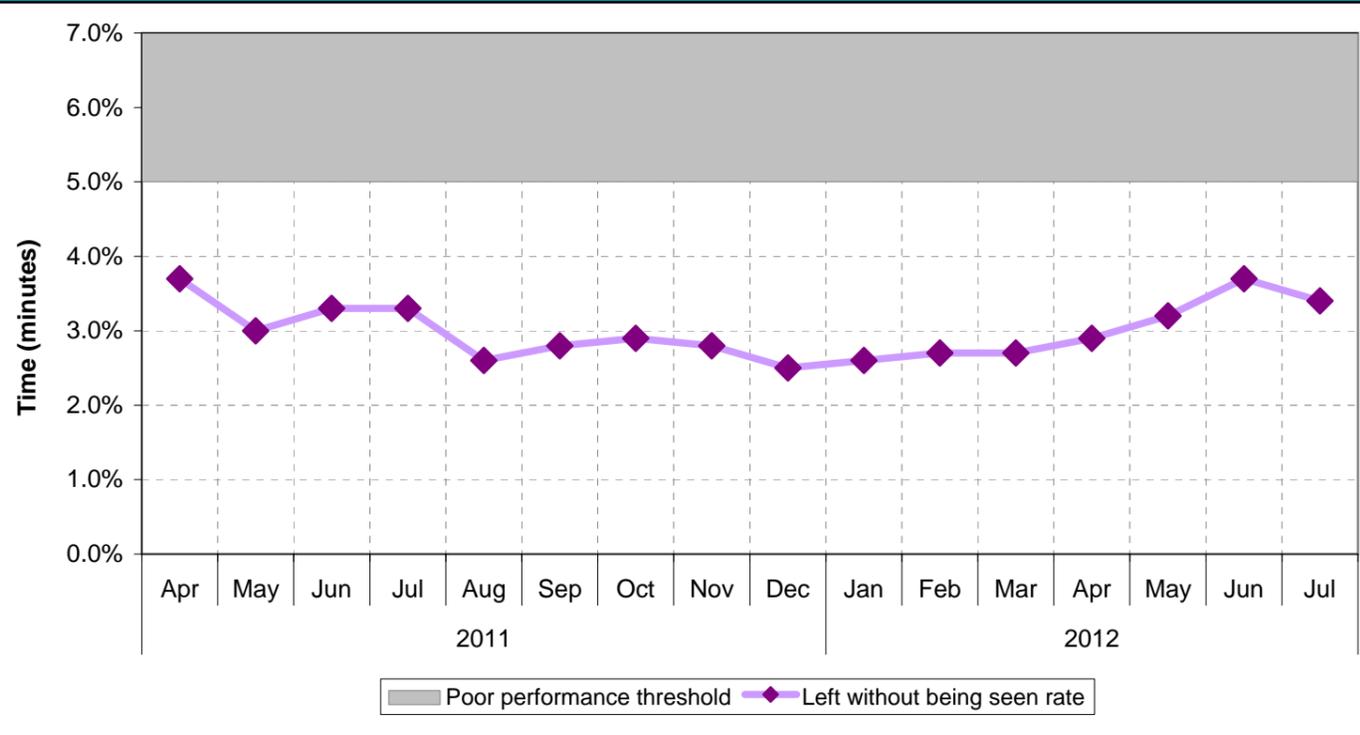
Median wait – 148 minutes

95th percentile – 236 minutes

Single longest wait - 1163 minutes This because it was clinically necessary to keep patients within the department

236	95th percentile this month
↑	Compared to last month
	Data quality

## Left Without Being Seen



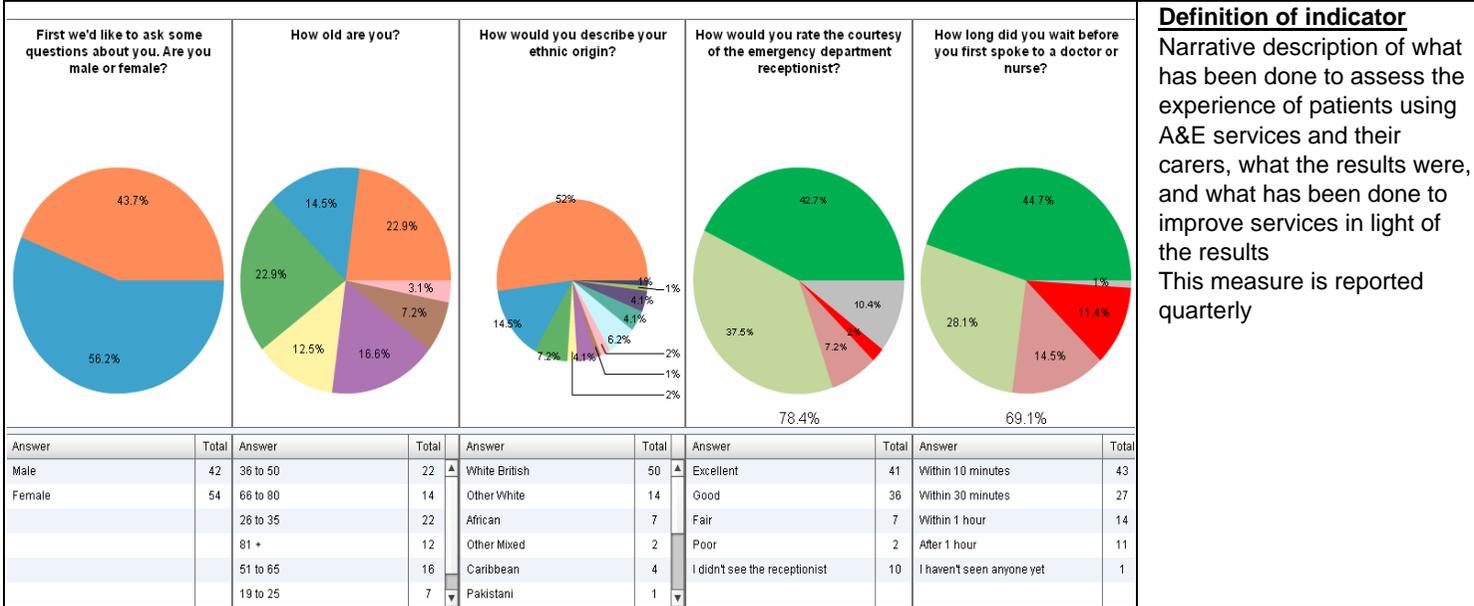
**Definition of indicator**  
 The percentage of people who leave the A&E department without being seen.  
 National target is less than 5%  
 This measure is reported monthly

**Narrative**

Throughout 2011/12, the number of patients was consistently less than the national target. For July 2012 the figure was 3.4%.

3.4%	95th percentile this month
↓	Compared to last month
	Data quality

# Service Experience

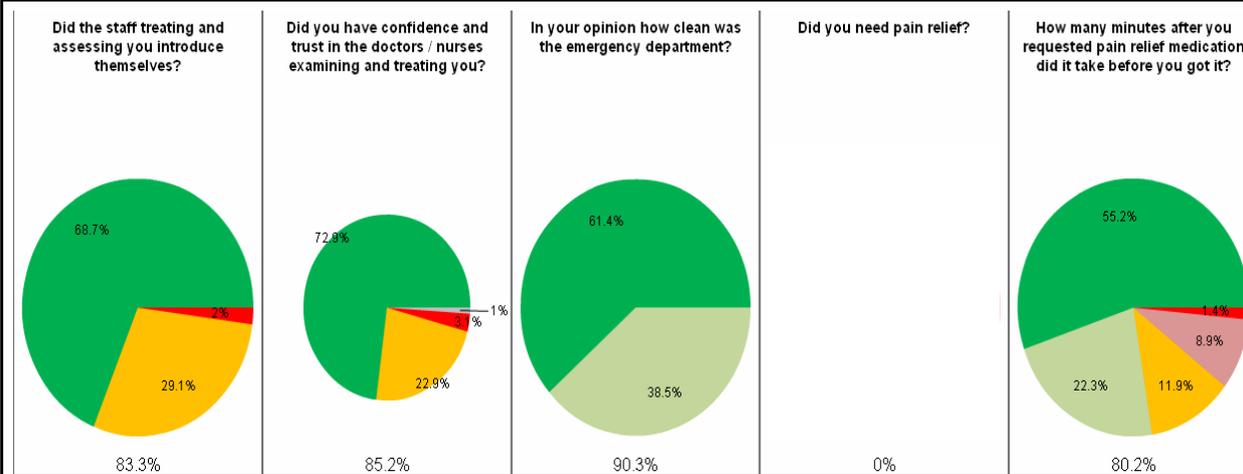


**Definition of indicator**  
 Narrative description of what has been done to assess the experience of patients using A&E services and their carers, what the results were, and what has been done to improve services in light of the results  
 This measure is reported quarterly

**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



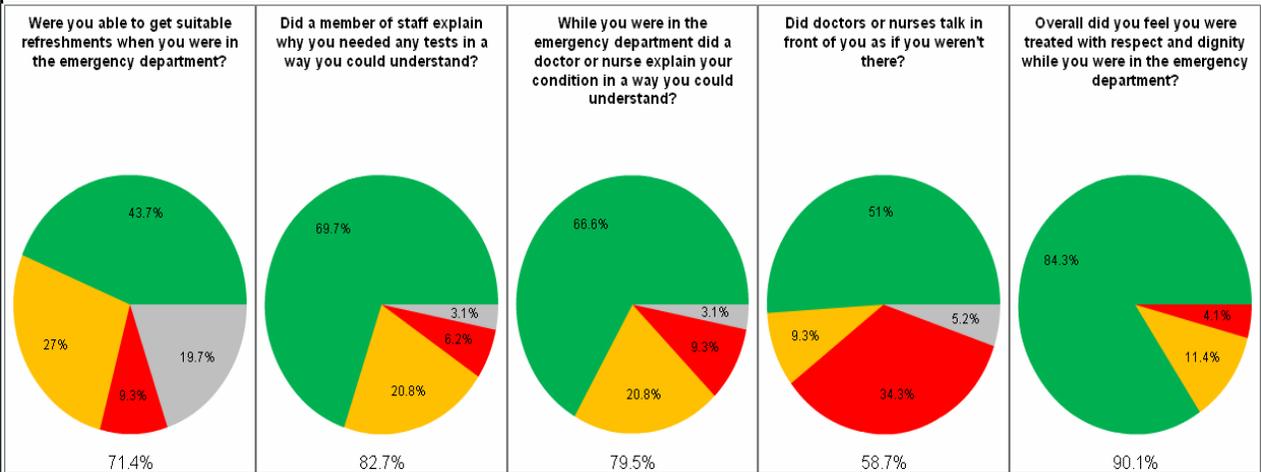
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Answer	Total	Answer	Total	Answer	Total	Answer	Total	Answer	Total
Yes all of them	66	Yes completely	70	Very clean	59	No	29	Right away	37
Yes some of them	28	Yes to some extent	22	Fairly clean	37	Yes	67	Within 10 minutes	15
No none of them	2	No	3					10 to 30 minutes	8
		This does not apply to me	1					More than 30 minutes	6
								I never got it	1

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	Data quality

# Service Experience



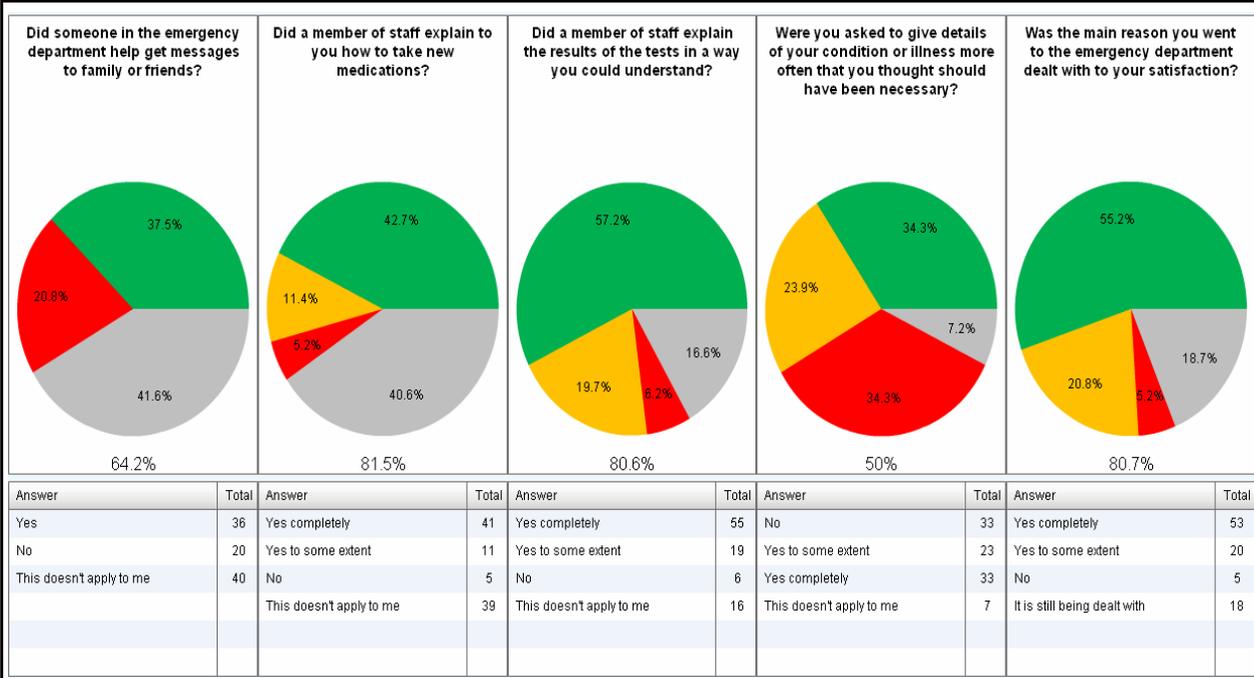
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Answer	Total	Answer	Total	Answer	Total	Answer	Total	Answer	Total
Yes completely	42	Yes completely	67	Yes completely	64	No	49	Yes completely	81
Yes to some extent	26	Yes to some extent	20	Yes to some extent	20	Yes to some extent	9	Yes to some extent	11
No	9	No	6	No	9	Yes completely	33	No	4
I did not want any refreshments	19	This does not apply to me	3	This does not apply to me	3	This does not apply to me	5		

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	Data quality

# Service Experience

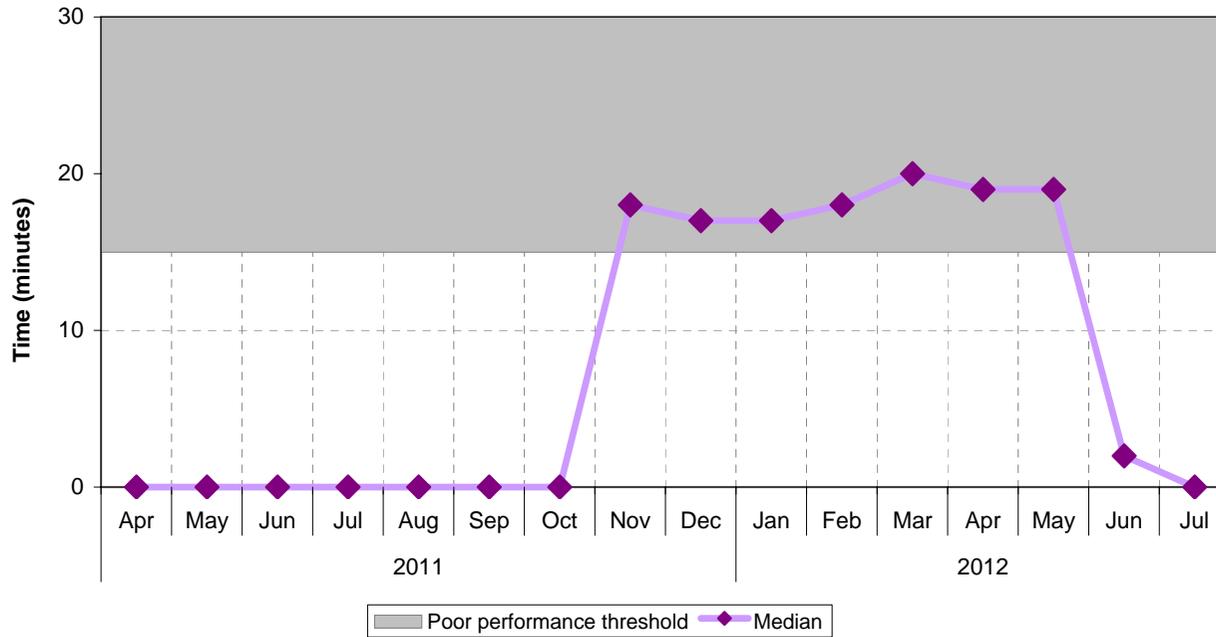


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	Data quality

# 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 15minutes  
This measure is reported on monthly

### Narrative

A median wait of zero minutes against target is recorded for July.

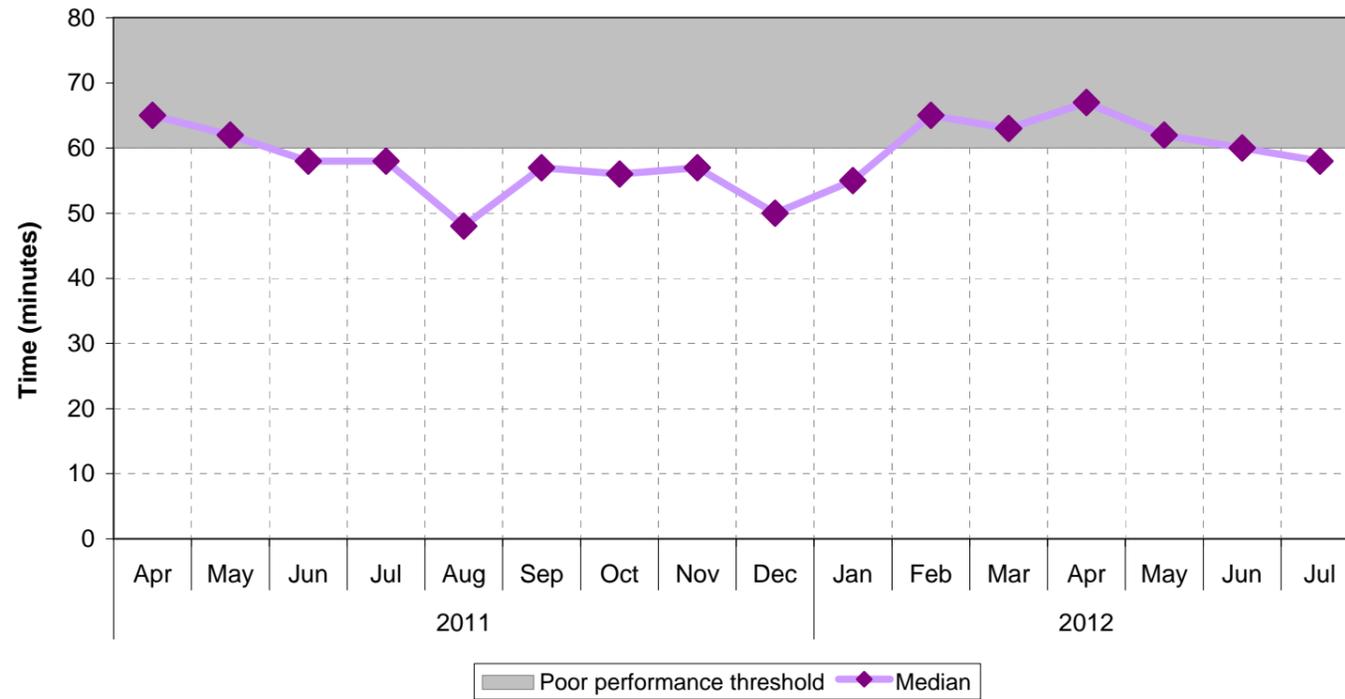
Ambulance triage moved to the front of the A&E Department from the 12 May 2012, this ensures that all observations are carried out on the patients arrival to the hospital



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 July's performance is below:-

Median wait – 58 minutes

Max wait – 901 minutes

95th percentile – 144 minutes

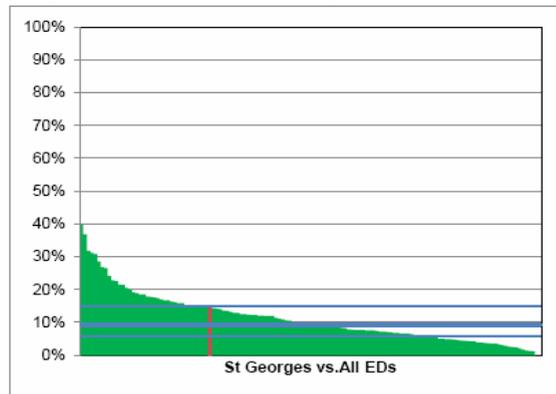
58	Median wait for this month
↓	Compared to last month
	Data quality

# Consultant Sign-Off

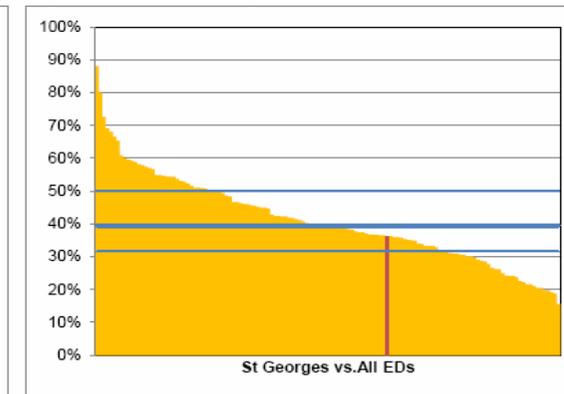
Table 2	All audited patients					
	St Georges			UK Totals		
% of all audited patients	seen by	discussed with	ED notes reviewed after discharge by	seen by	discussed with	ED notes reviewed after discharge by
a consultant / associate specialist	15%	25%	0%	11%	11%	7%
a ST4 or more senior doctor*	36%	40%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