

A&E Clinical Quality Indicators

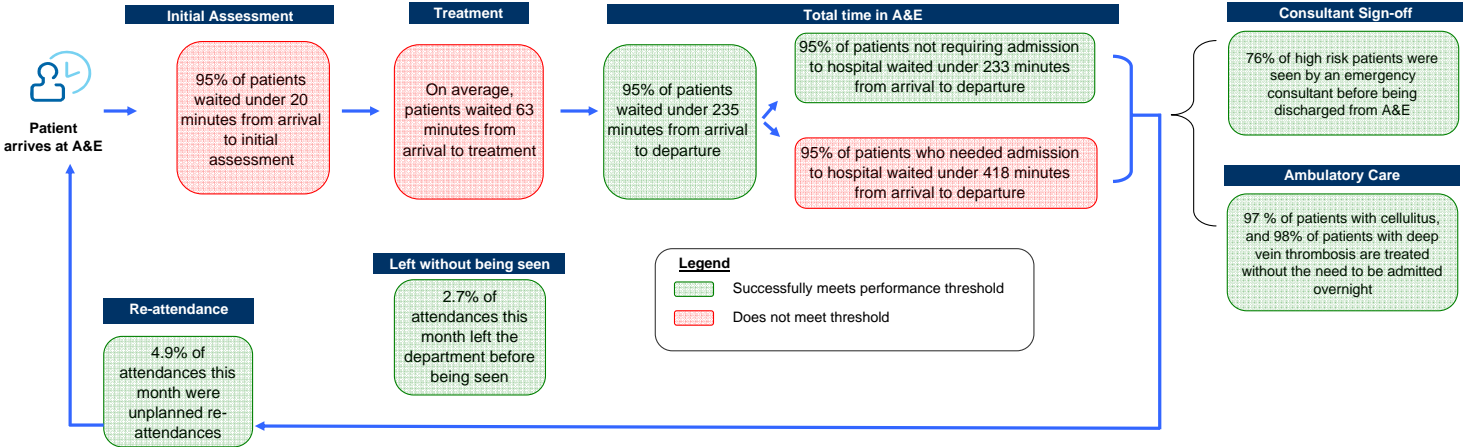
Overview

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

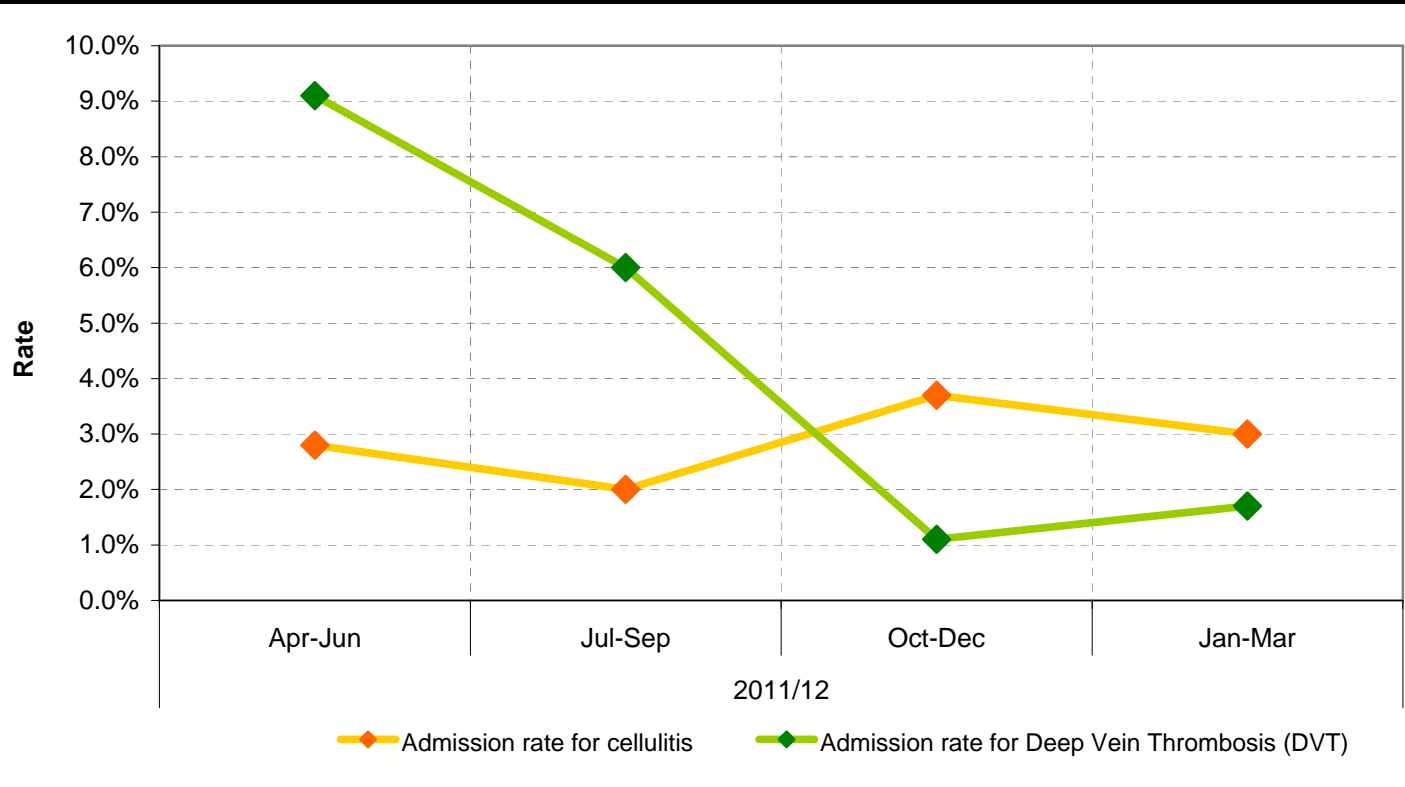
General Information

St George's Hospital NHS Trust
 Type 1 (Major)
 Published January 20th for Mar-2012

Summary of performance - March 2012



Ambulatory Care



Definition of indicator

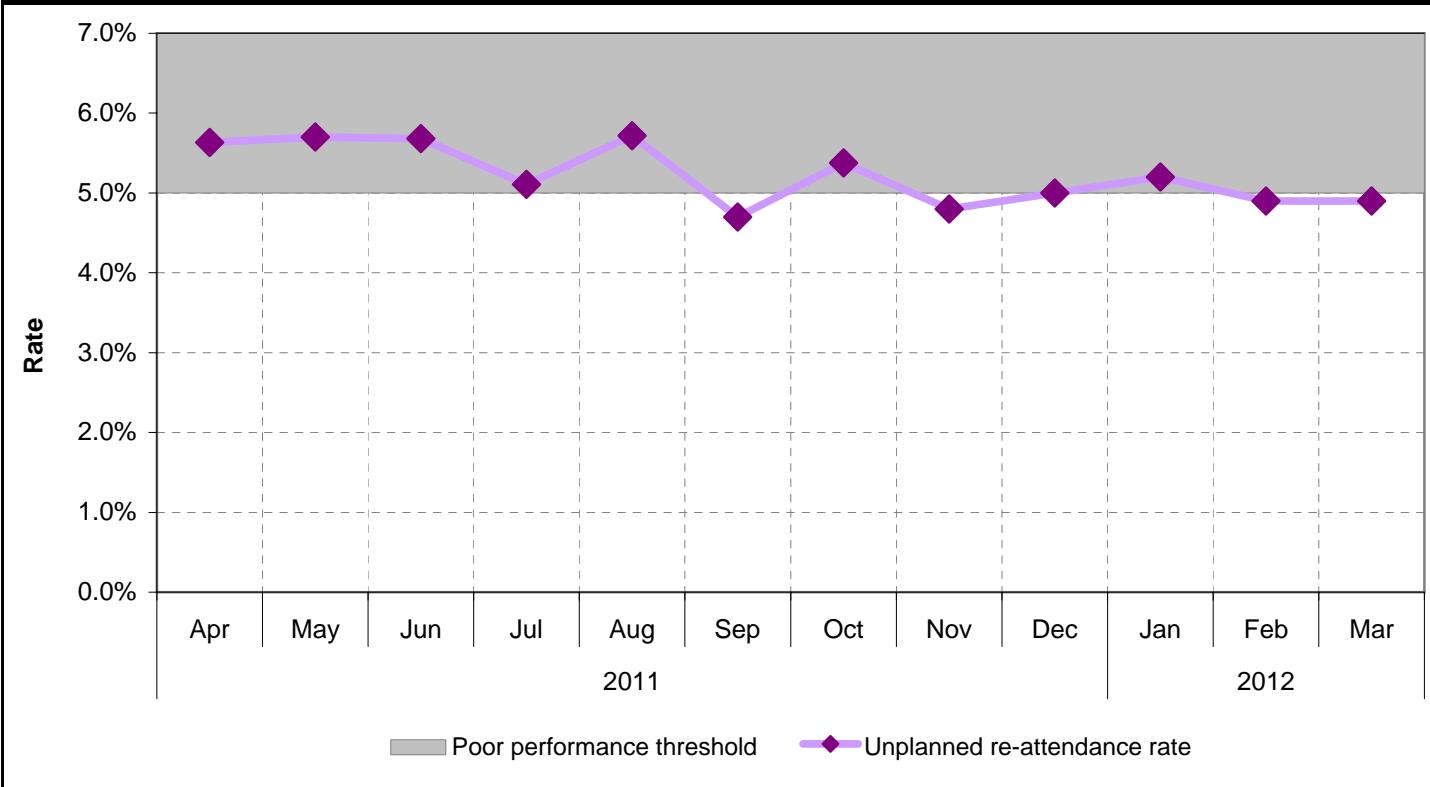
Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.
 Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission
 This presents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

Narrative

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

3.0%	This quarter (ceullitis)
↓	Compared to last qtr
	Data quality
1.7%	This quarter (DVT)
↑	Compared to last qtr
	Data quality

Unplanned Re-attendance Rate

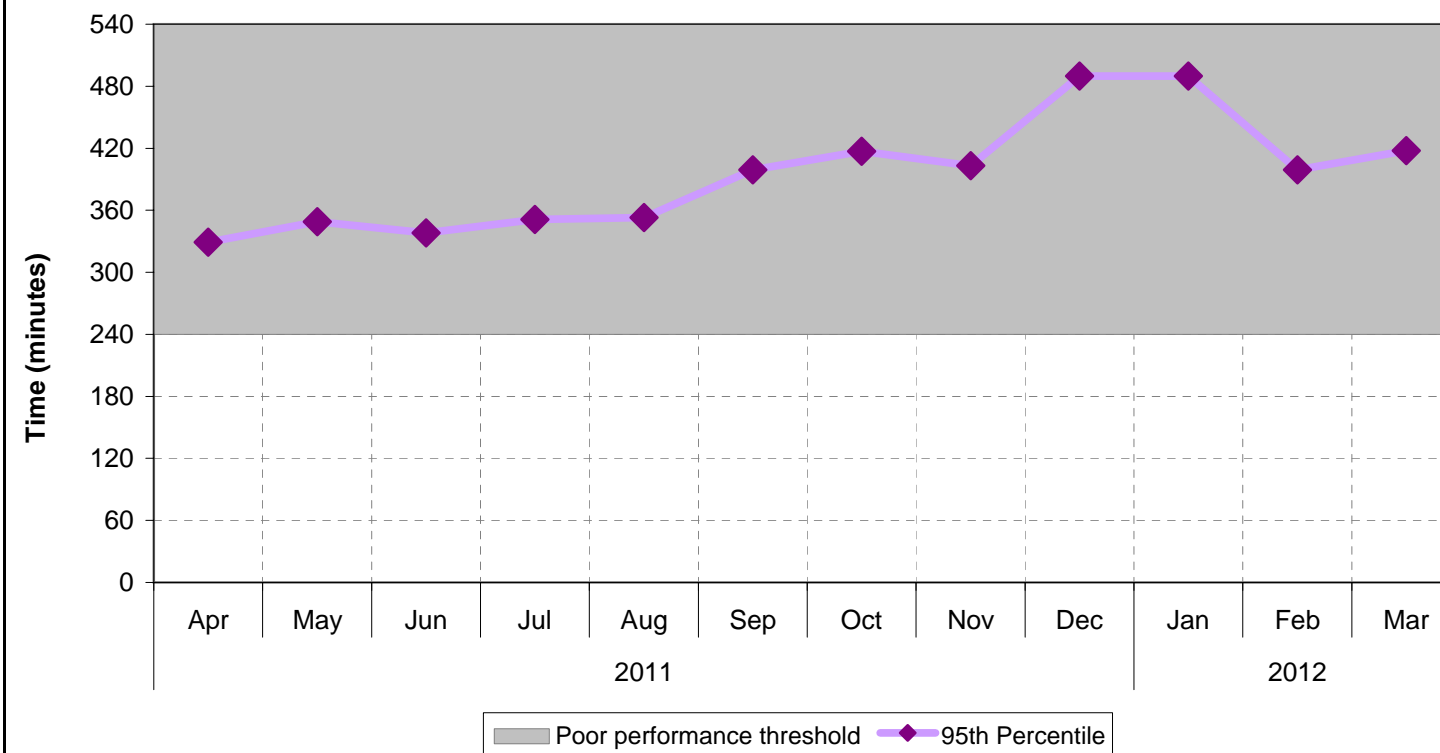


Definition of indicator
 Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target ranges between 1% to 5%

Narrative
 St Georges Hospital has achieved 4.9% for February and March 2012

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 the waiting time of 240minutes the median and 95 percentile and longest waiting time is measured.

Narrative

A breakdown of March 2012 data is below

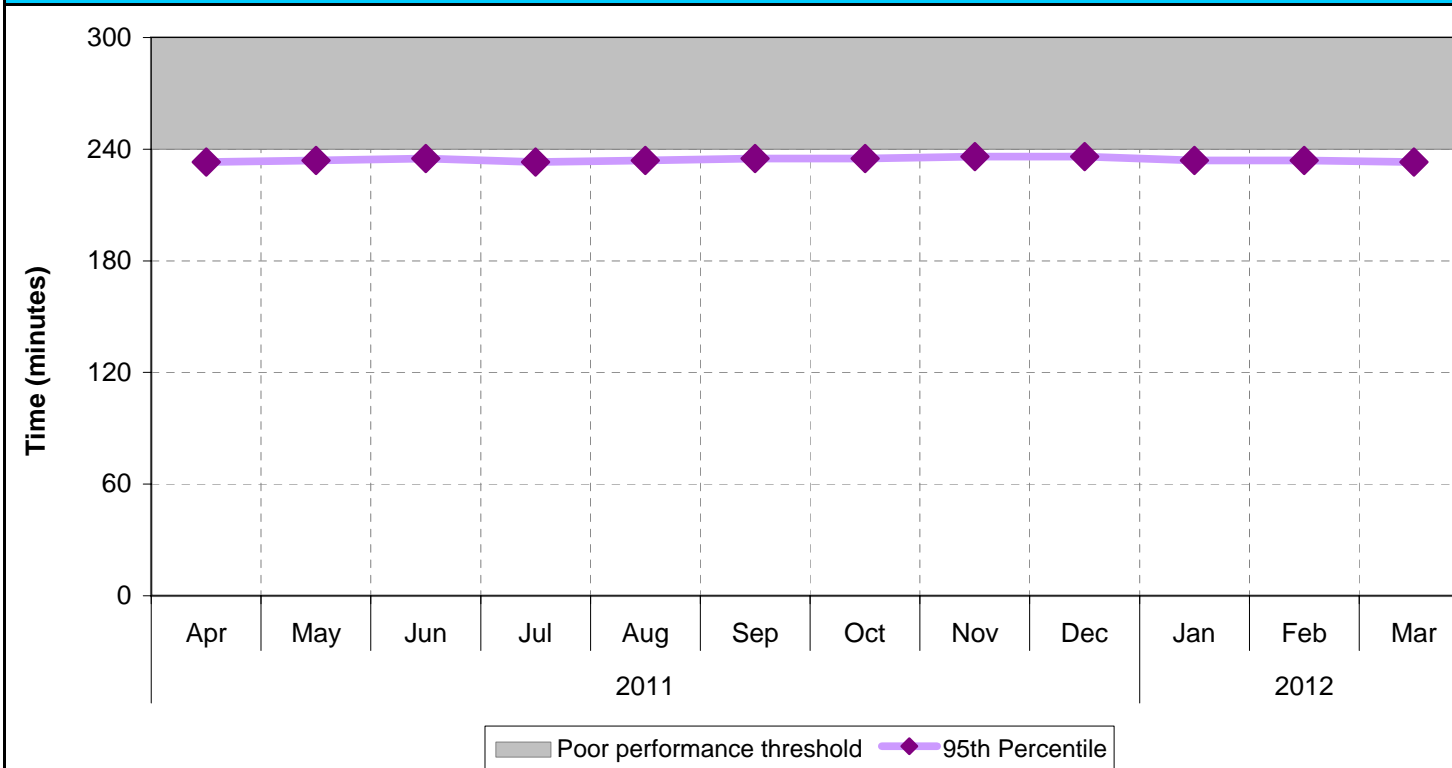
Median wait – 225 minutes

95th percentile – 418 minutes

Single longest wait - 1373 minutes. This because it was clinically necessary to keep patients within the department

418	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 the waiting time of 240minutes the median and 95 percentile and longest waiting time is measured.

Narrative

A breakdown of March 2012 data is below

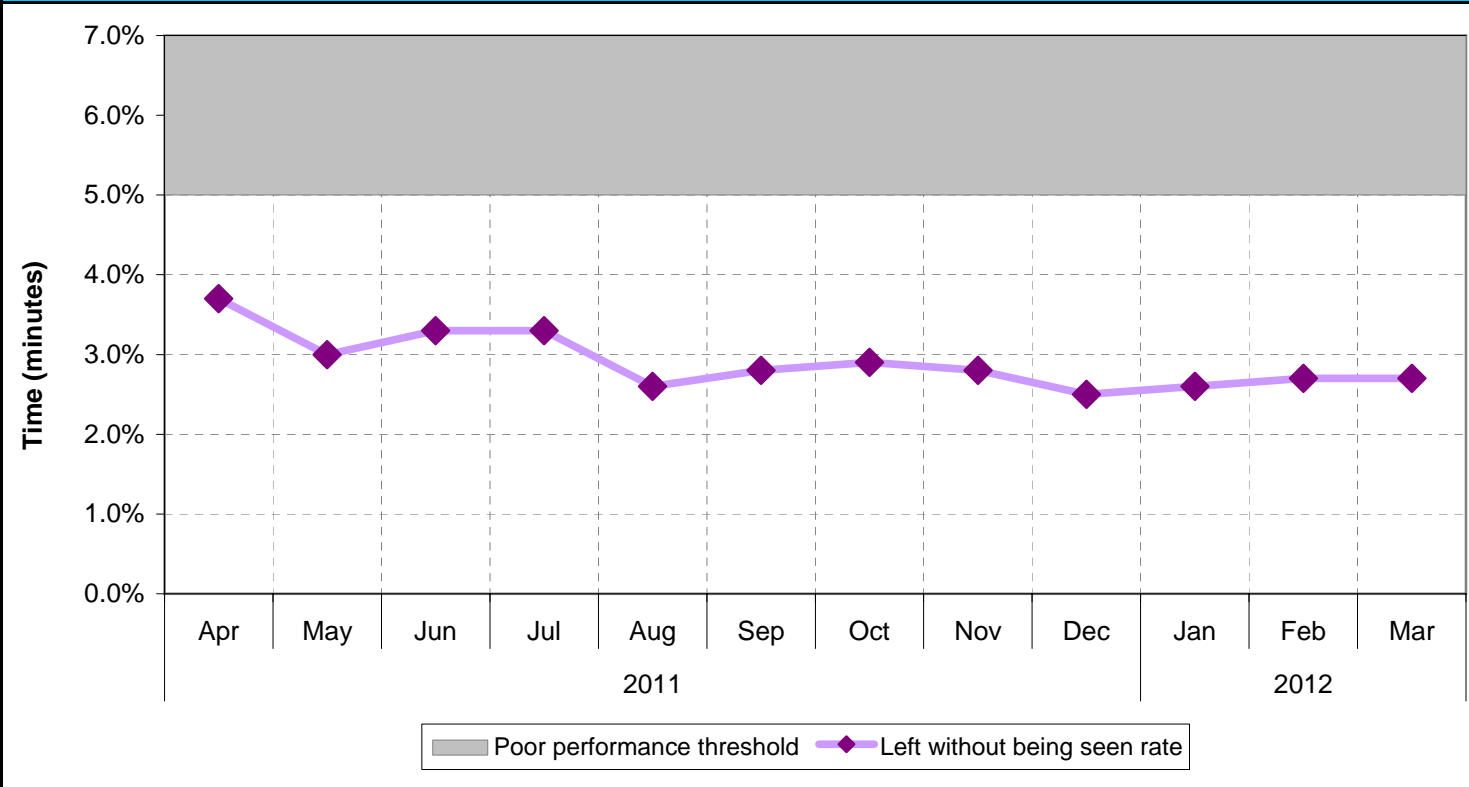
Median wait – 110minutes

95th percentile – 233 minutes

Single longest wait - 788 minutes. This because it was clinically necessary to keep patients within the department

233	95th percentile this month
↓	Compared to last month
	Data quality

Left Without Being Seen



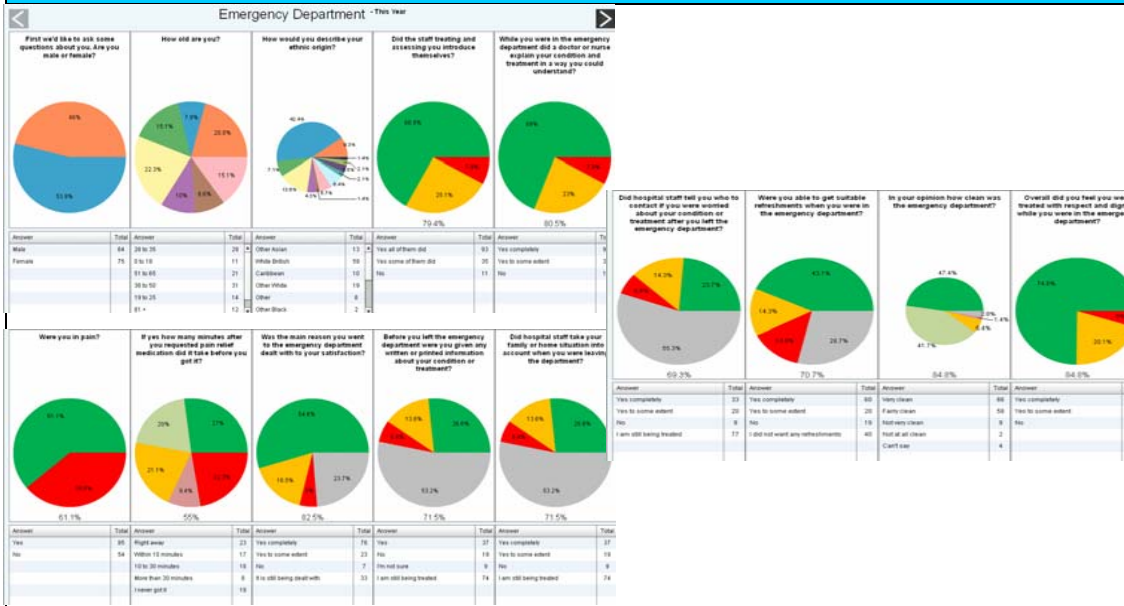
Definition of indicator
 The percentage of people who leave the A&E department without being seen.
 National target is less than 5%

Narrative

Throughout 2011/12, the number of patients was consistently less than the national target. For March 2012 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

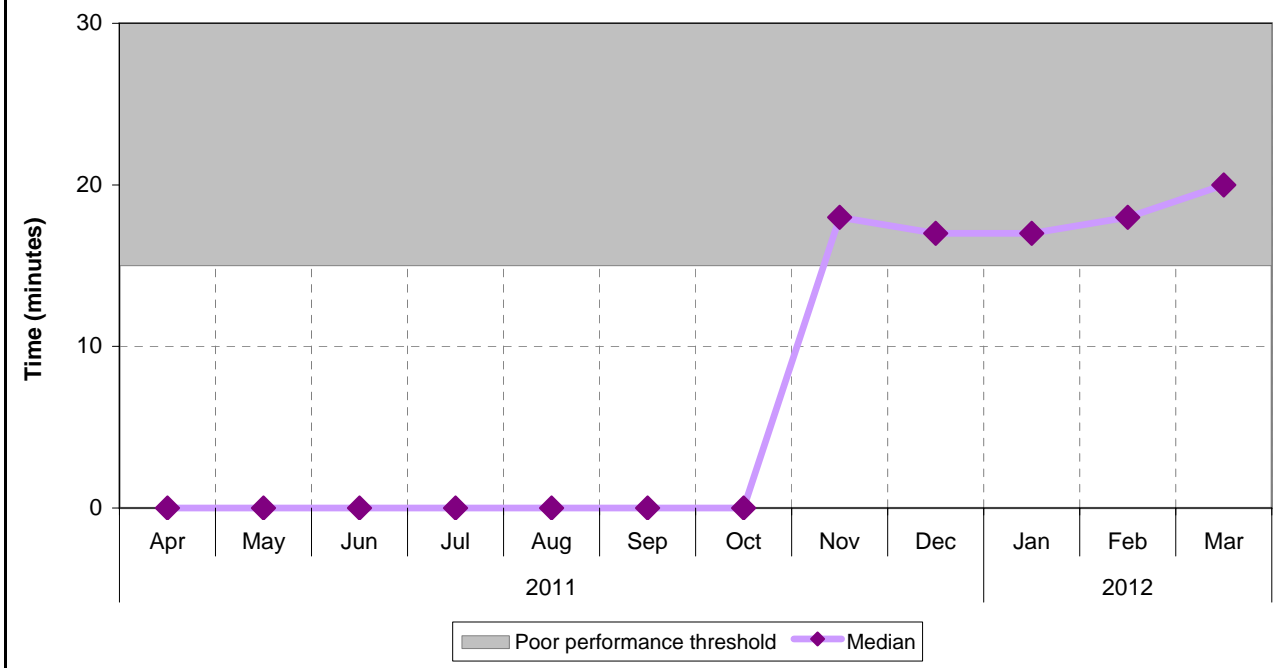
Narrative

The Patient Experience Tracker (PET) questionnaire is currently being updated to standardised questions across the South West London Sector. This will enable bench marking against other local hospitals

Patients are asked 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

Data quality

Time to Initial Assessment



Definition of indicator

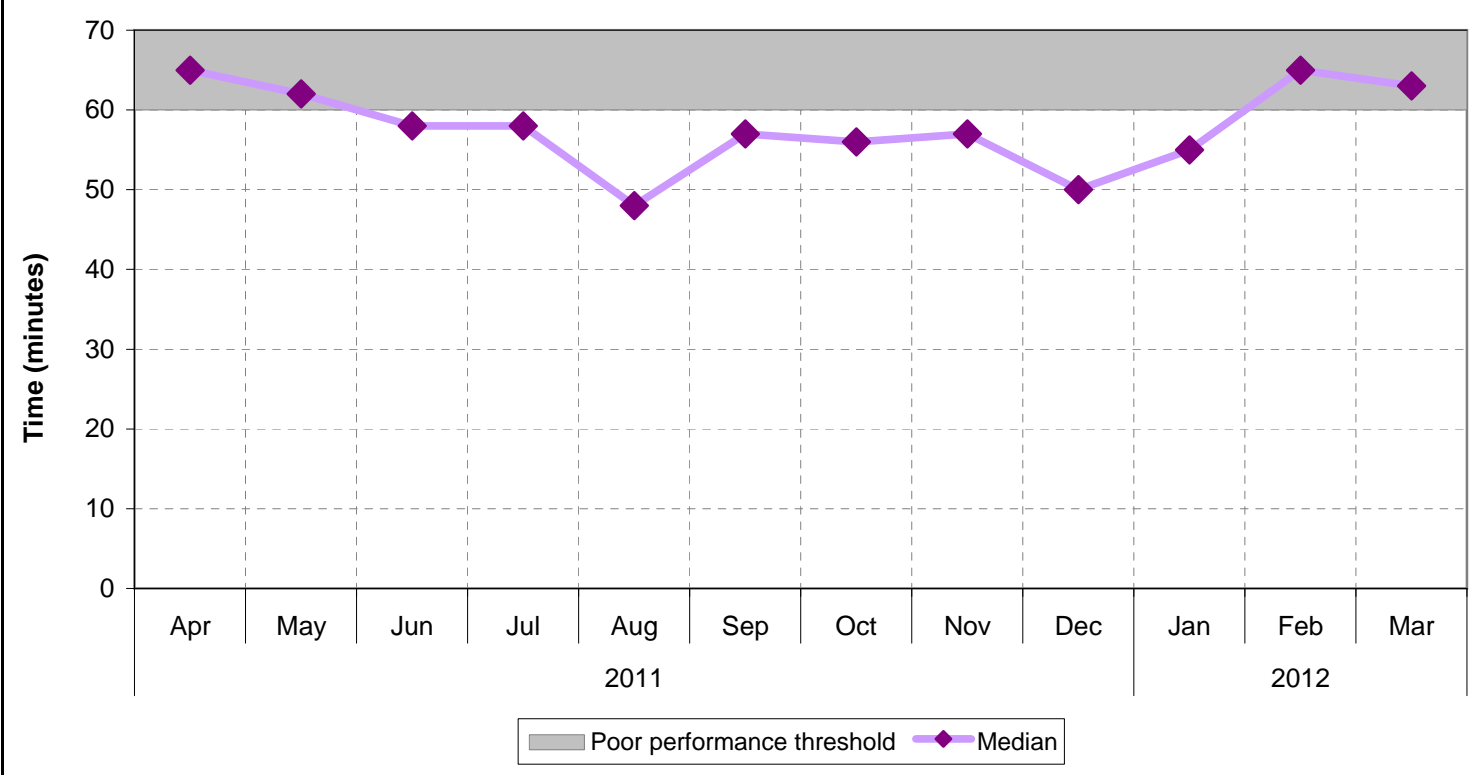
The national target of 15minutes is indicated from from time of arrival to start of full assessment, which includes a pain score and early warning score, for all patients arriving by ambulance.

Narrative

Data collect commenced from November 11. The data currently available reports a median wait of 20 minutes against target. This is urgently being investigated by the Head of Nursing of A&E.
 A manual audi conducted on 14 March 2012, revealed that the actual median wait from arrival time to assessment was approximately 60seconds.

↑	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 our 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.

Narrative
 A breakdown of March's performance is below:-
 Median wait – 63 minutes
 Max wait – 637 minutes
 95th percentile – 148 minutes

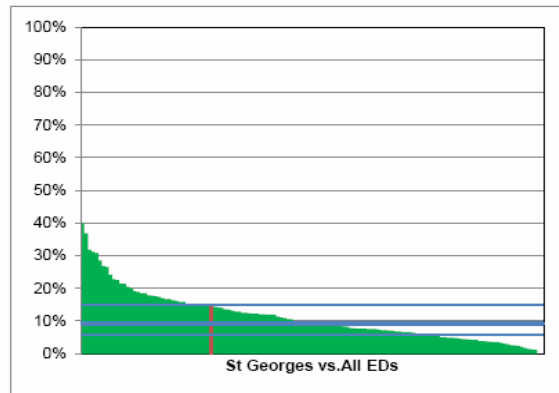
63	Median wait for this month
↓	Compared to last month
	Data quality

Consultant Sign-Off

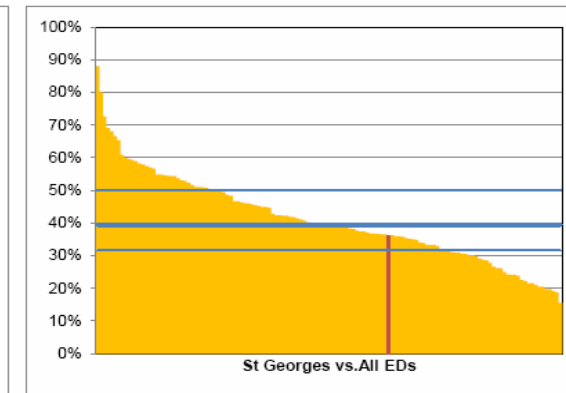
Table 2	All audited patients					
	St Georges			UK Totals		
% of all audited patients	seen by	discussed with	ED notes reviewed after discharge by	seen by	discussed with	ED notes reviewed after discharge by
a consultant / associate specialist	15%	25%	0%	11%	11%	7%
a ST4 or more senior doctor*	36%	40%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

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