

A&E Clinical Quality Indicators

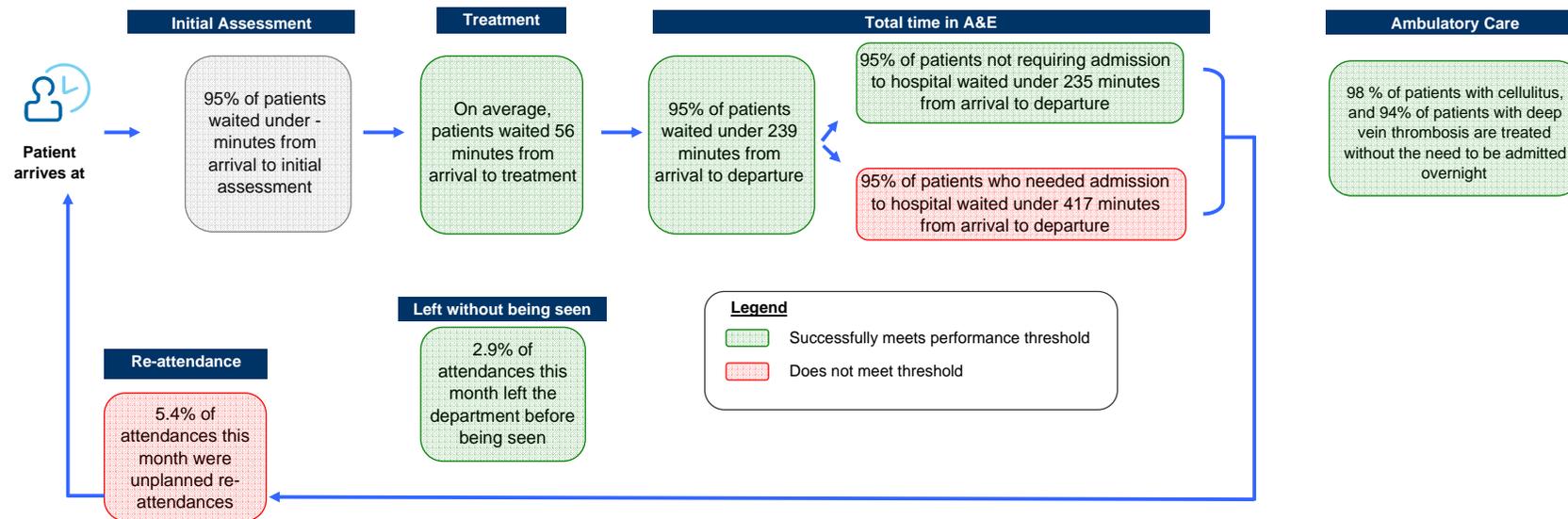
Overview

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 expectation.

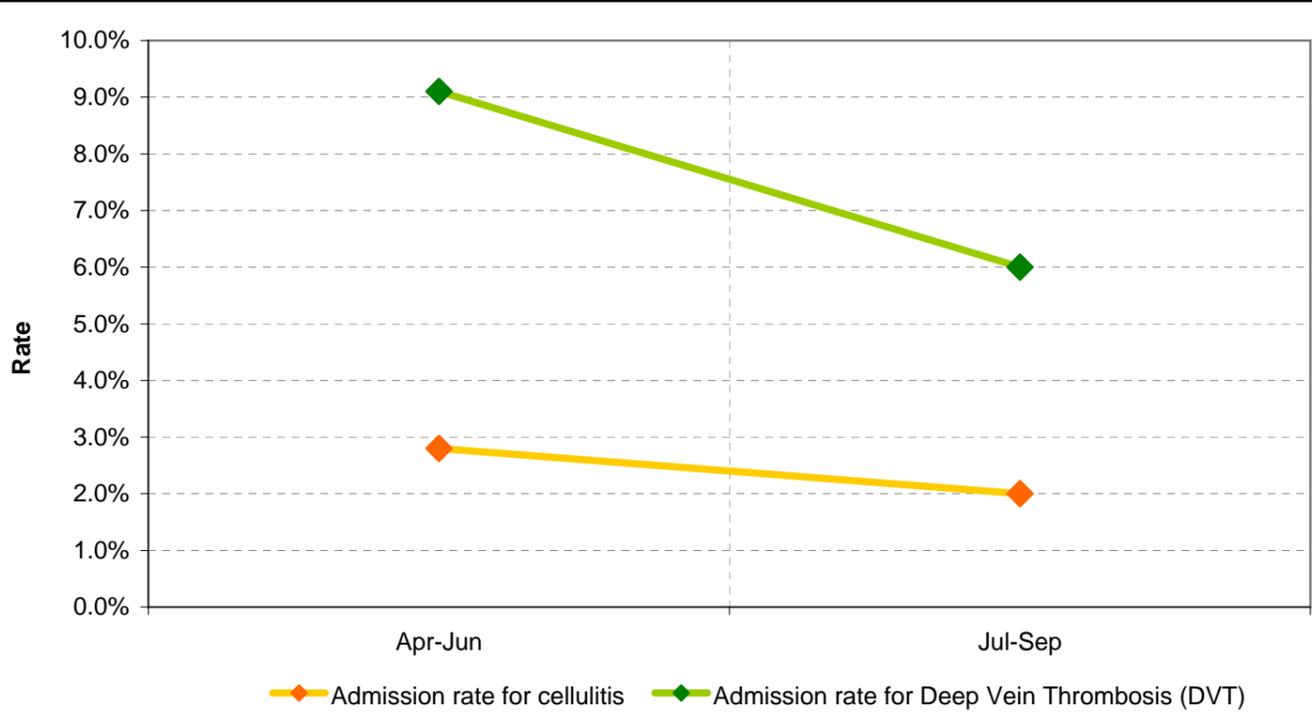
General Information

St George's Hospital NHS Trust
 Type 1 (Major)
 Published November 18th for Oct-2011

Summary of performance - October 2011



Ambulatory Care



Definition of indicator

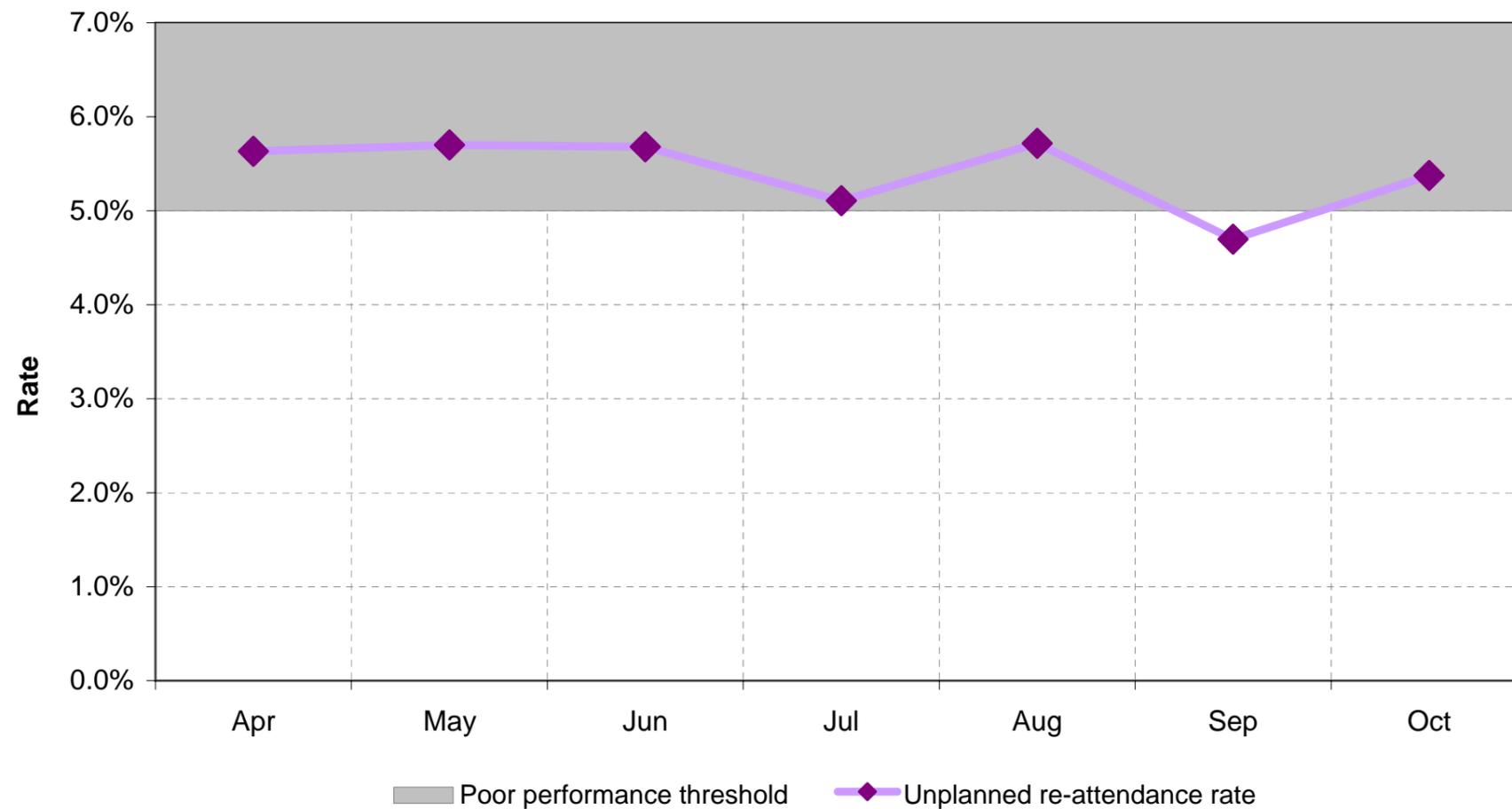
Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.
 Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission

Narrative

This presents the percentage of attendances for cellulitus and deep vein thrombosis (DVT) that were admitted to the hospital. In the first 6 months of this year the admission rates for cellulitis and DVT were below the national target of 10%.

2%	This quarter (ceullitis)
↓	Compared to last qtr
	Data quality
6%	This quarter (DVT)
↓	Compared to last qtr
	Data quality

Unplanned Re-attendance Rate



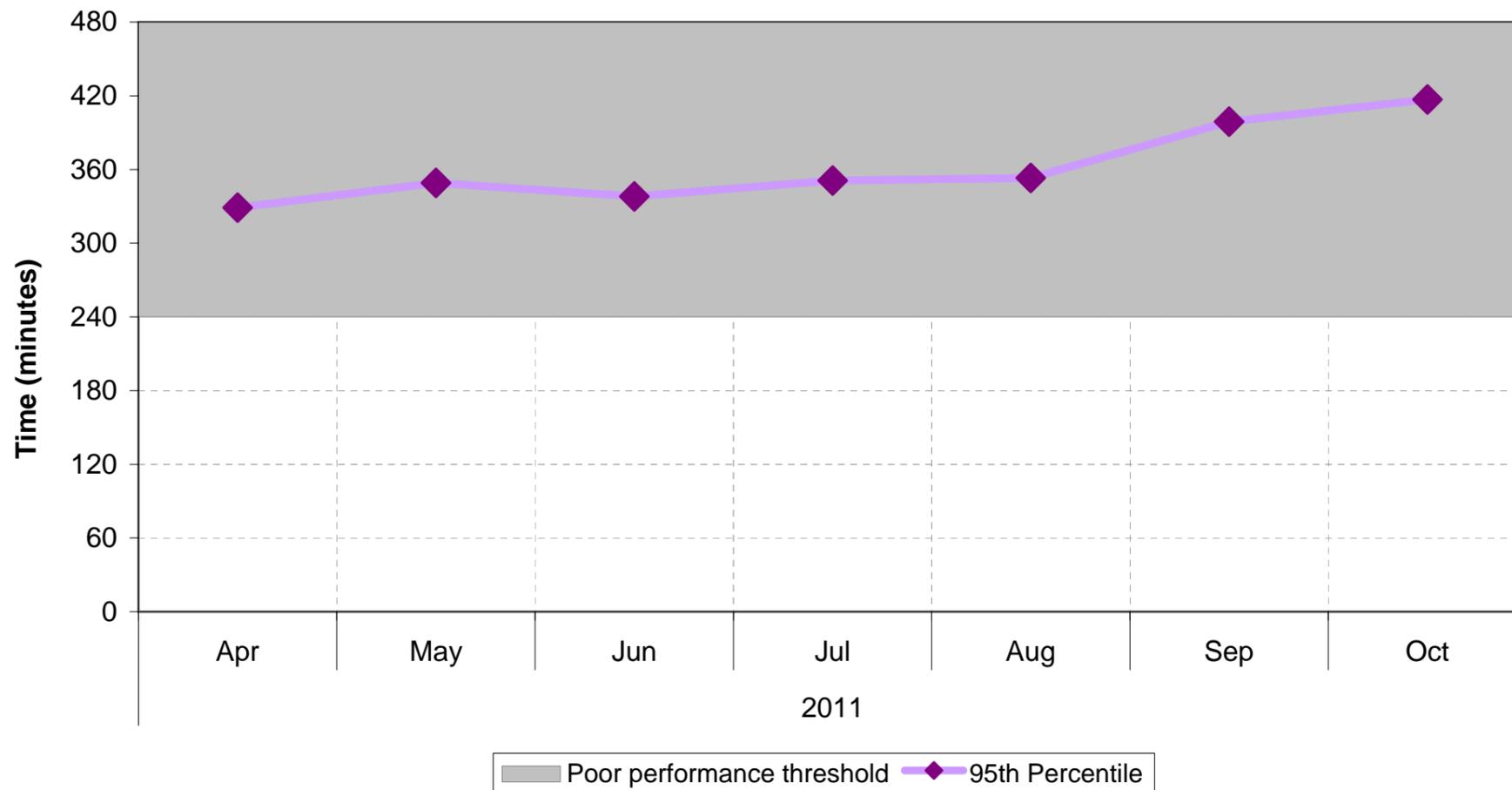
Definition of indicator
 Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)

Narrative

This reflects the number of patients who return to A&E as an unplanned re-attendance within 7-days. The national target is 5%. SGH currently sits at 5.4%, a slight increase on the previous month. An indepth review of the data will take place focusing on individual specialisms

5.4%	95th percentile this month
↑	Compared to last month
	Data quality

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



Definition of indicator

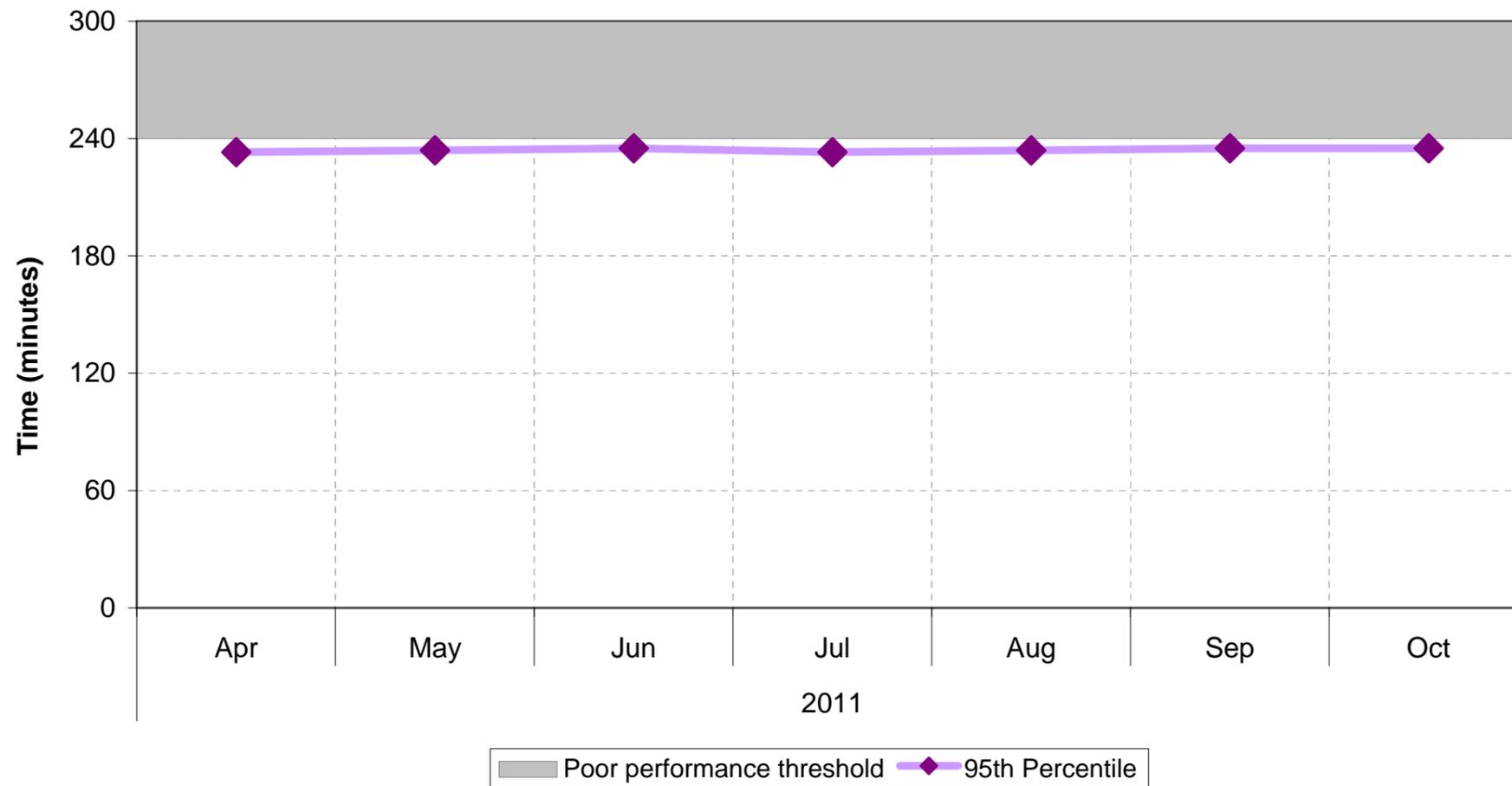
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients

Narrative

This shows the total amount of time patients are in the A&E department before they are admitted to a ward. In the first 6 months of this year the 95th percentile LOS for admitted patients ranged between 330 and 399 minutes. The national target is a LOS of 240 minutes. SGH currently sits at median wait 227 minutes, single longest wait 1025 minutes, this is primarily attributed to exceptionally long waits exceeding the wait target as it was clinically necessary to retain these patients in the department

417	95th percentile this month
↑	Compared to last month
	Data quality

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



Definition of indicator

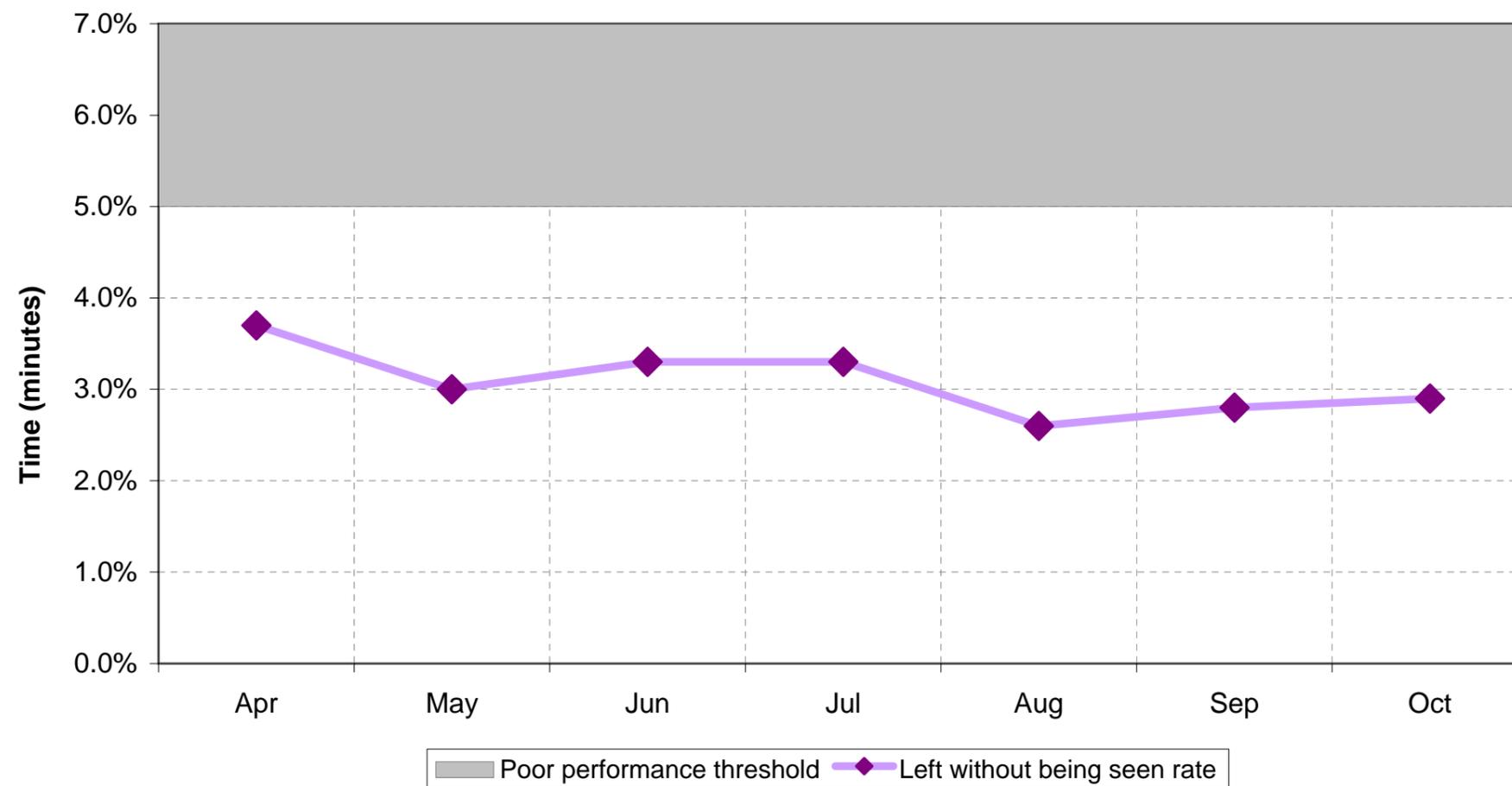
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients

Narrative

This shows the total amount of time patients are in the A&E department before they are discharged. For non-admitted patients the 95th percentile waits have been under 4 hours for each month this year.

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

Narrative

Reflective of the number of patients that leave the department after booking in at the reception desk and then who do not wait to be seen by a member of the clinical team. The number of patients who left the A&E department without being seen has consistently been less than the target of 5% and for October achieved 2.9%

2.9%	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
 Patients attending the A&E department are asked to complete a Patient Experience Tracker (PET) of their experience. These results are collated and by the PET team and disseminated to the department. These results are reviewed and discussed at the weekly A&E Senior Management Team meeting.
 The PET questionnaire is currently being updated to include additional questions as per recommendations from the South West London Sector to be bench marked against other local hospitals

	Data quality

Time to initial assessment

Definition of indicator

Time from arrival to start of full assessment, which includes a pain score and early warning score, for all patients arriving by ambulance

Data not yet available

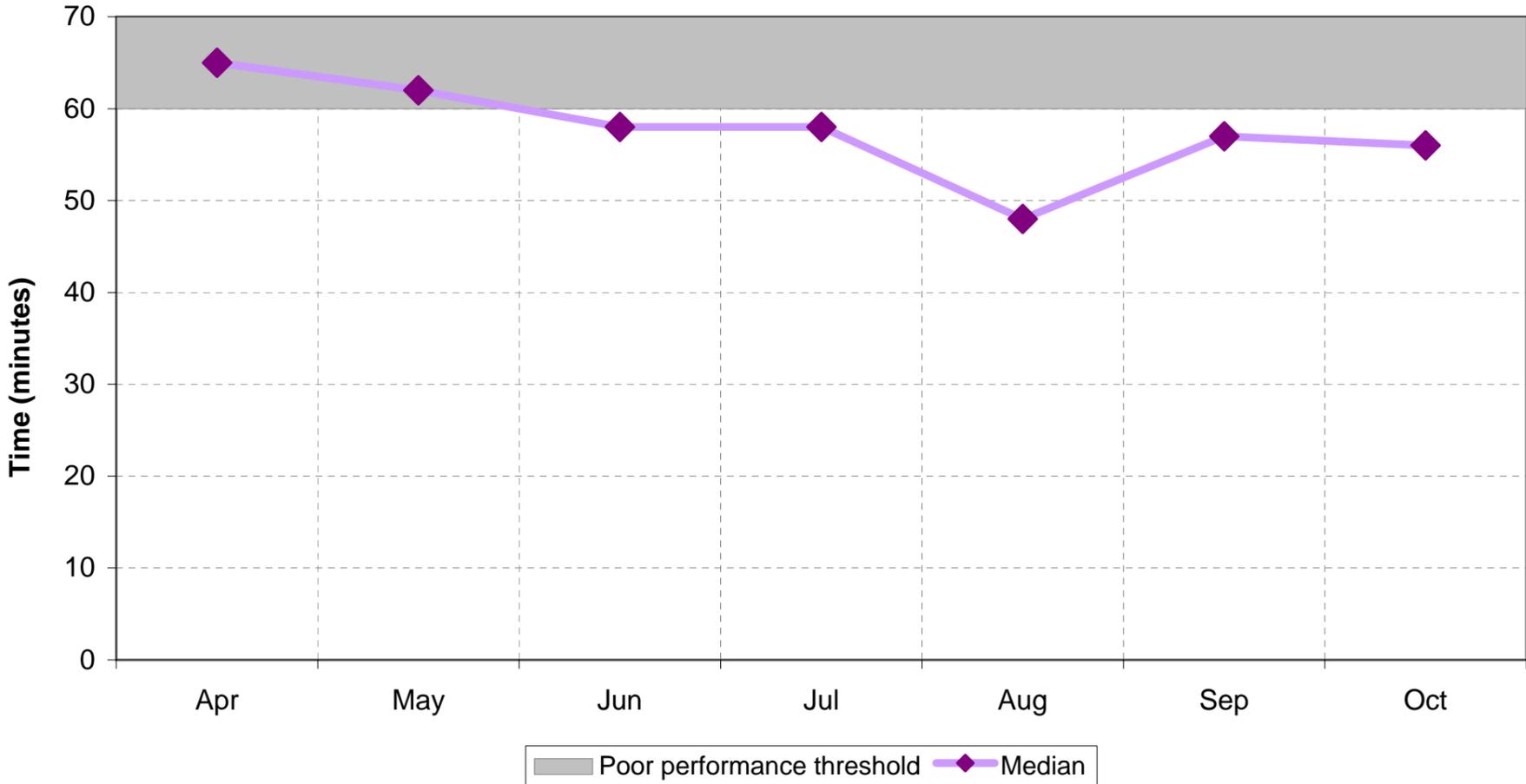
Narrative

Currently unable to report from Trust data as awaiting a request for change to take place to the software on the Patient Administration System (PAS) IT system

An internal manual audit showed that, whilst patients were undergoing a full assessment, this data was only reflected in approximately 8% of patients from the Trusts internal Patient Administration System (PAS)

	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. The Trust has reached this target for each of the last 6 months.

Narrative

Shows the time in minutes that patients waited to be seen by a member of the clinical team who is able to diagnose and make an initial plan of treatment. This should be no longer than 60 minutes from initial registration. SGH has reached this target over the last 5 months, a breakdown of October is below:-

- Median wait – 56 minutes
- Max wait – 674 minutes
- 95th percentile – 143 minutes

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

Consultant sign off

Data not yet available

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

This quality indicator is reported via the College of Emergency Medicine (CEM) national audit process. We have submitted this data as required and we are awaiting confirmation and validation from the Royal College

	Data quality