

A&E Clinical Quality Indicators

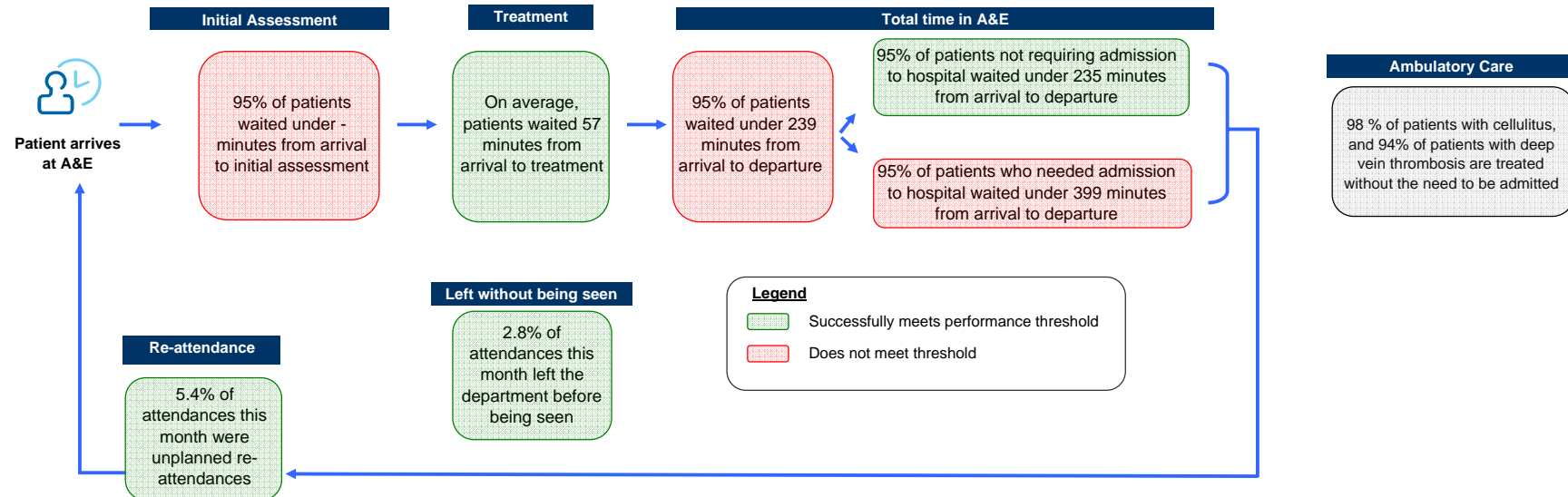
Overview

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

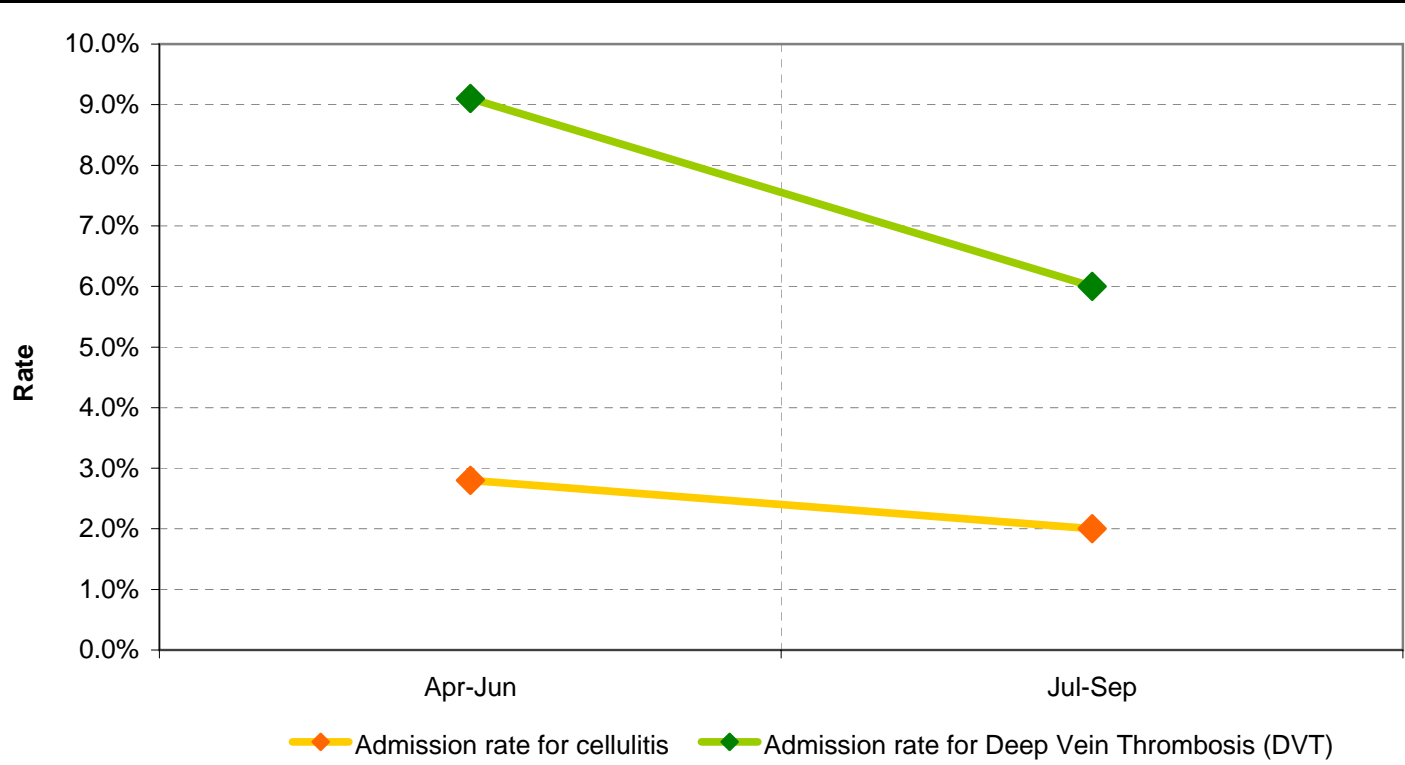
General Information

St George's Hospital NHS Trust
 Type 1 (Major)
 Published October 21st for Sep-2011

Summary of performance - September 2011



Ambulatory Care



Definition of indicator

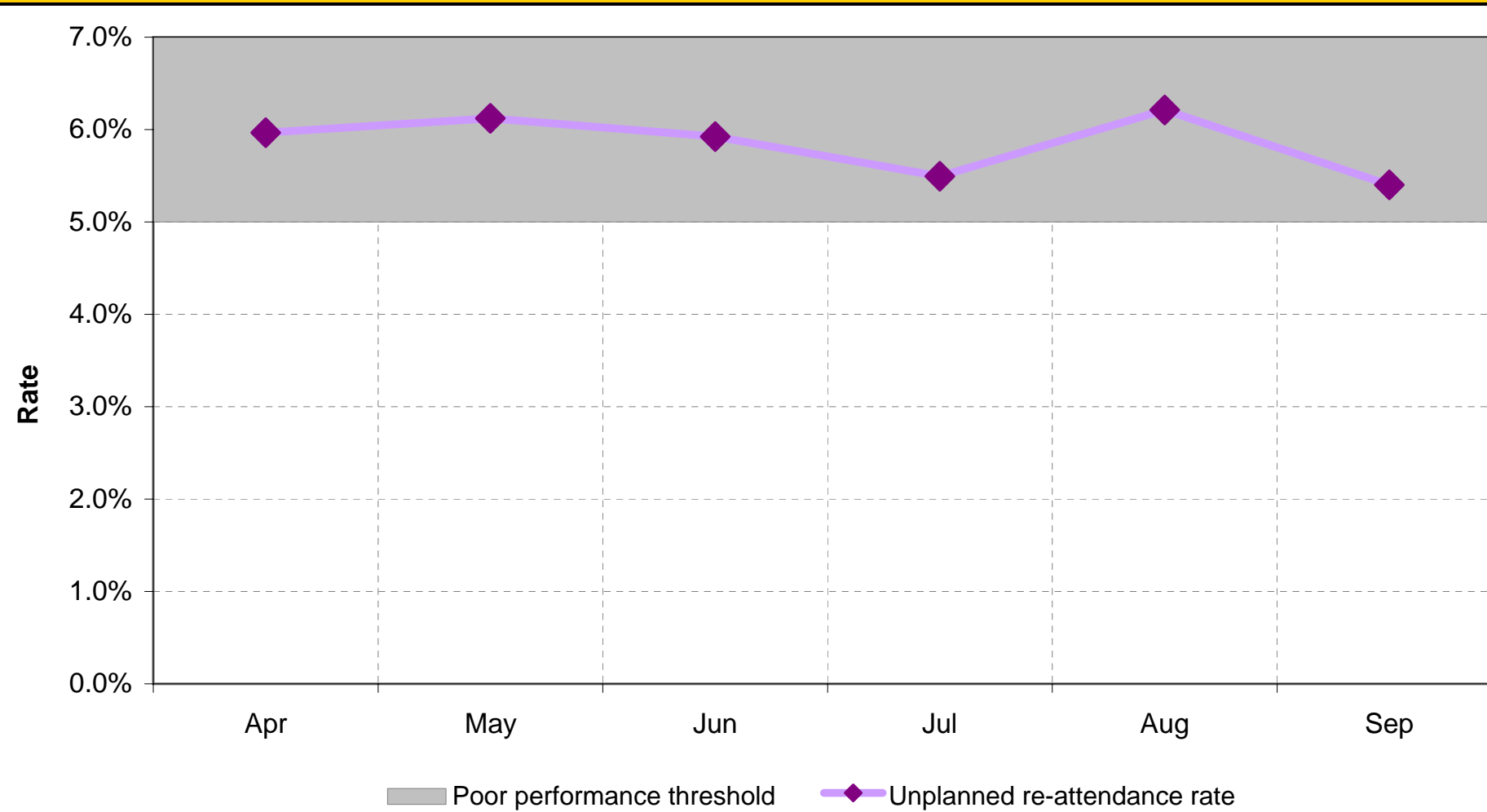
Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.
 Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission

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)

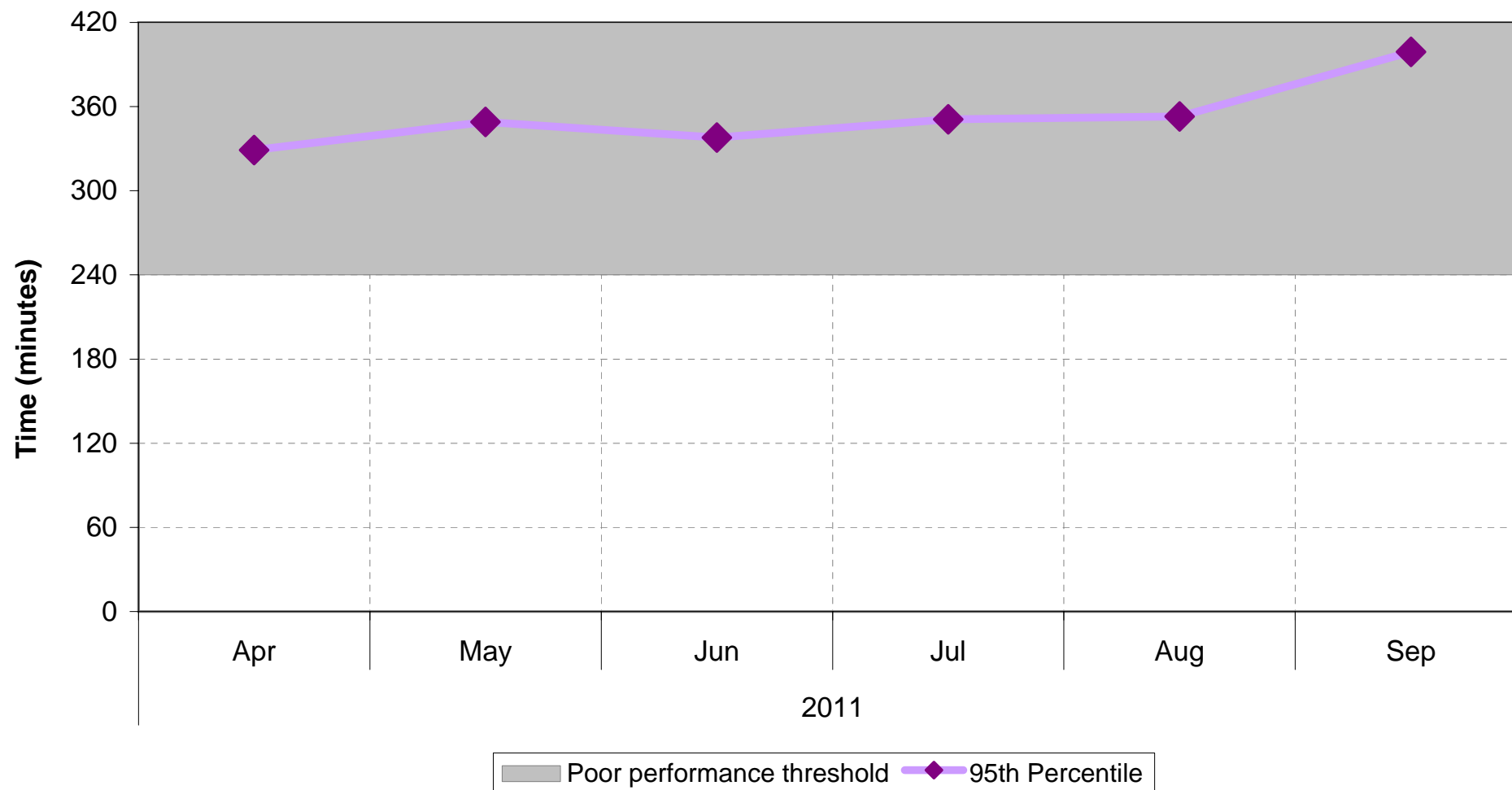
Narrative

This reflects the number of patients who return to A&E as an unplanned re-attendance within 7-days. The Trust re-attendance rate for last month was 6.2%.

The national target is 5%. SGH currently sits at 5.4% a slight improvement on the previous month

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

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



Definition of indicator

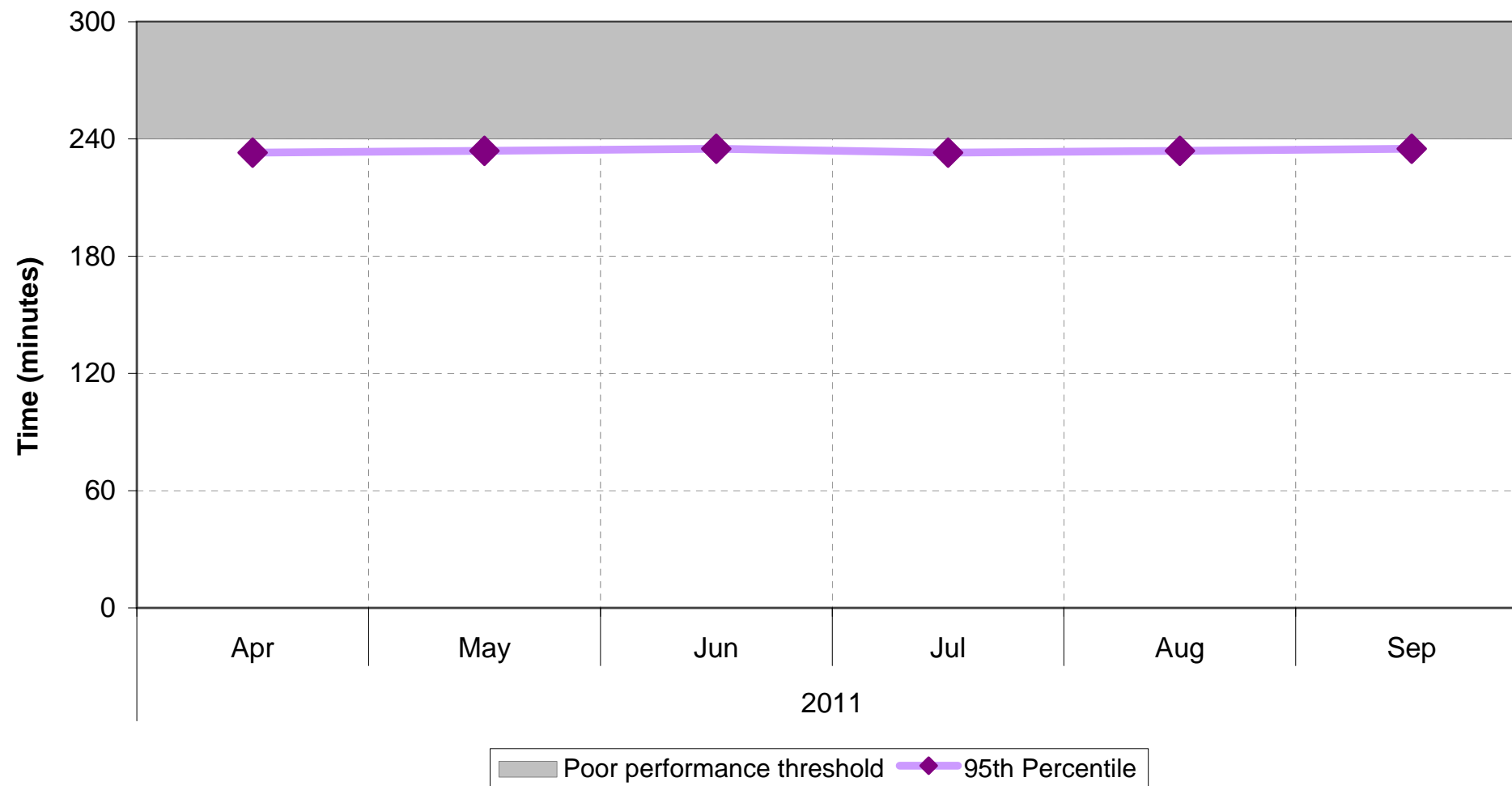
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients

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 226 minutes, single longest wait 1107 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

399	95th percentile this month
↑	Compared to last month
	Data quality

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



Definition of indicator

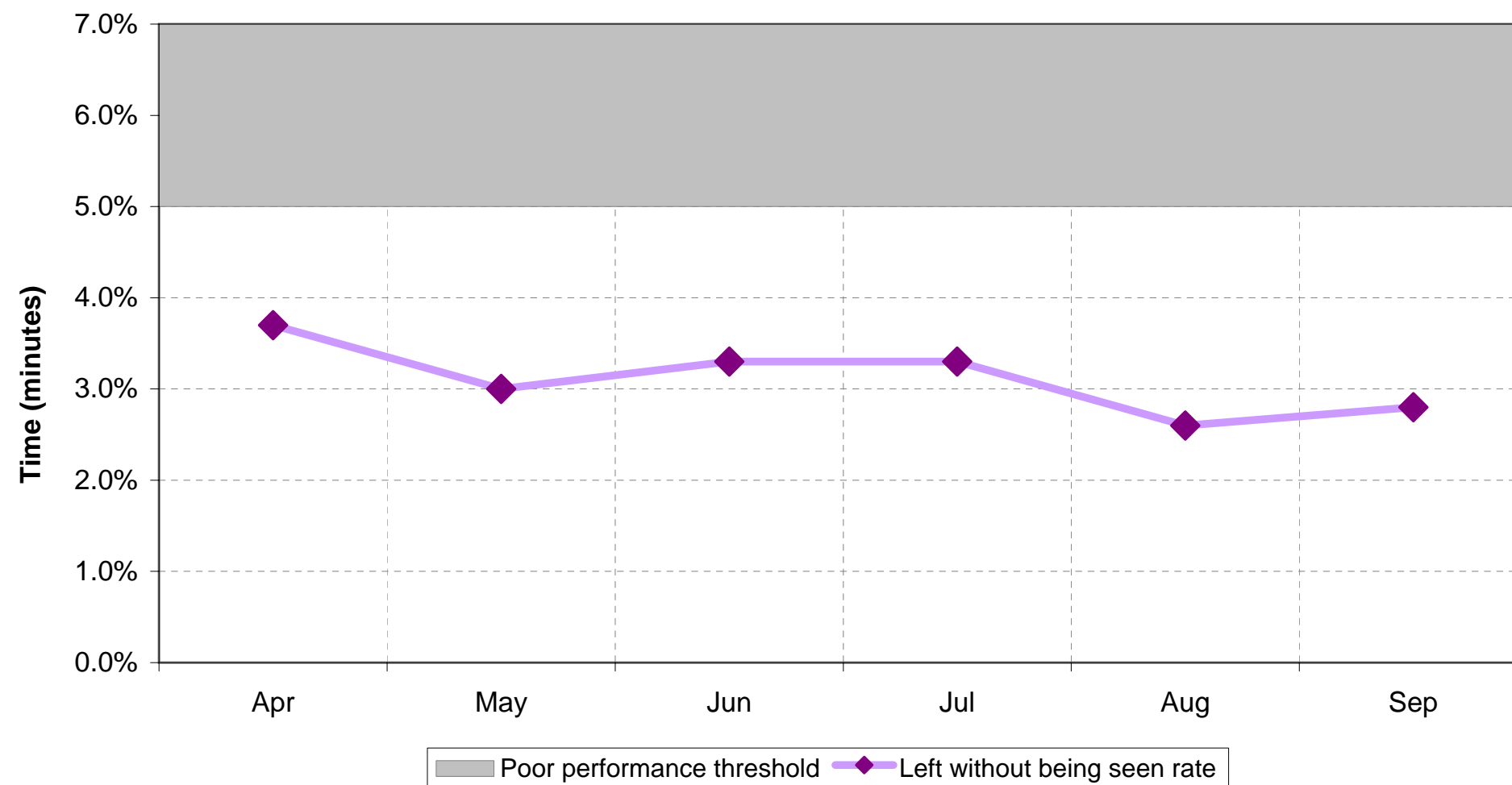
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients

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 September achieved 2.8%

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

Service expe

Narrative

Patients attending the A&E department are asked to complete a Patient Experience questionnaire. These are collated and by the PET team and disseminated to the department. These are discussed at the Management Team meeting.

The PET questionnaire is currently being updated to include additional questions. The PET team is currently in the Sector to be bench marked against other local hospitals

rience

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

erience Tracker (PET) of their experience. These results are
sults are reviewed and discussed at the weekly A&E Senior
ions as per recommendations from the South West London

		Data quality

Time to initial as

Data not yet avail

Narrative

Currently unable to report from Trust data as awaiting a request for change to System (PAS) IT system

An internal manual audit showed that, whilst patients were undergoing a full of patients from the Trusts internal Patient Administration System (PAS)

Assessment

able

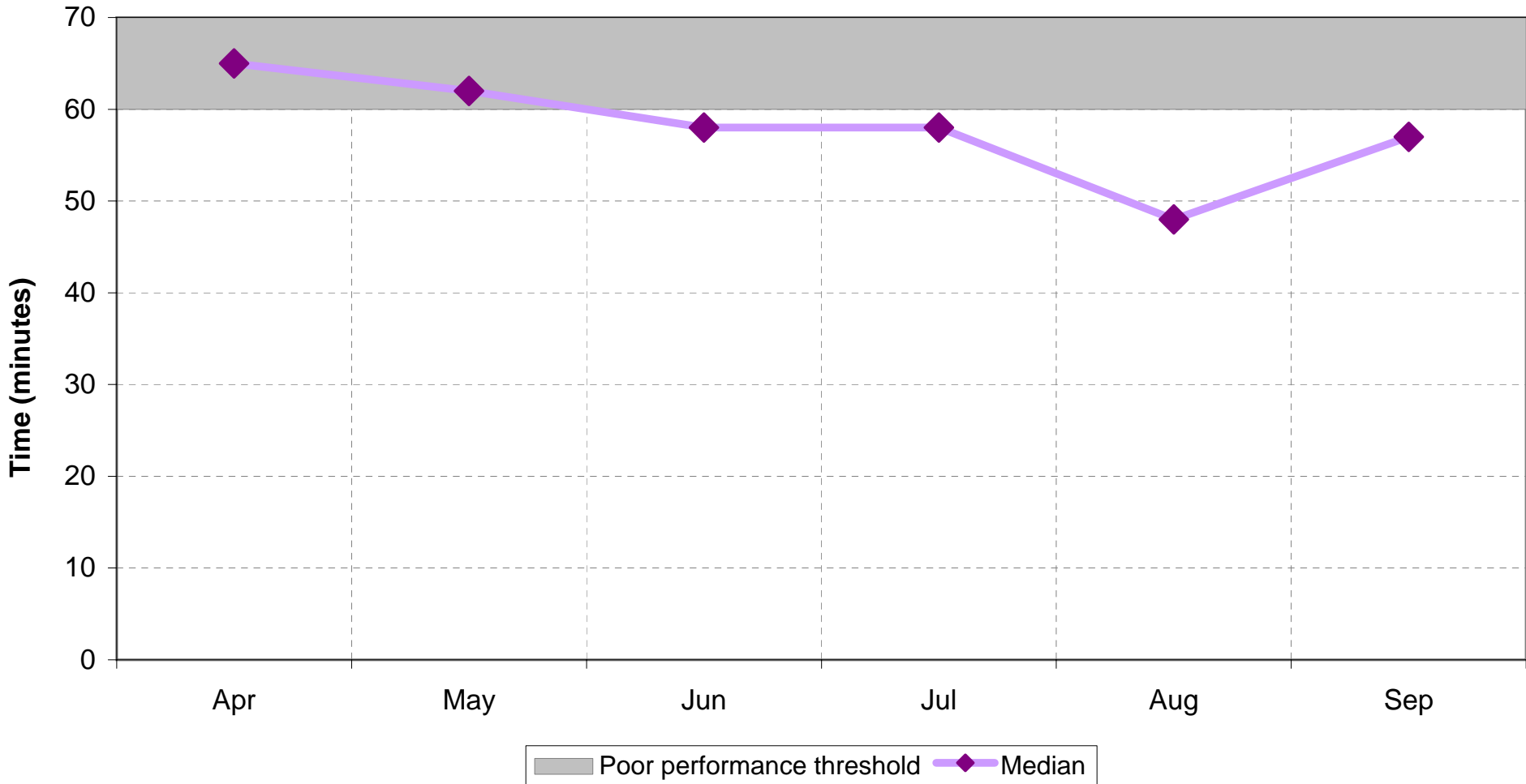
Definition of indicator

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

to take place to the software on the Patient Administration assessment, this data was only reflected in approximately 8%

		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 6 months, a breakdown of September is below:-

- Median wait – 57 minutes
- Max wait – 936 minutes
- 95th percentile – 157 minutes

57	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

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

	Data quality