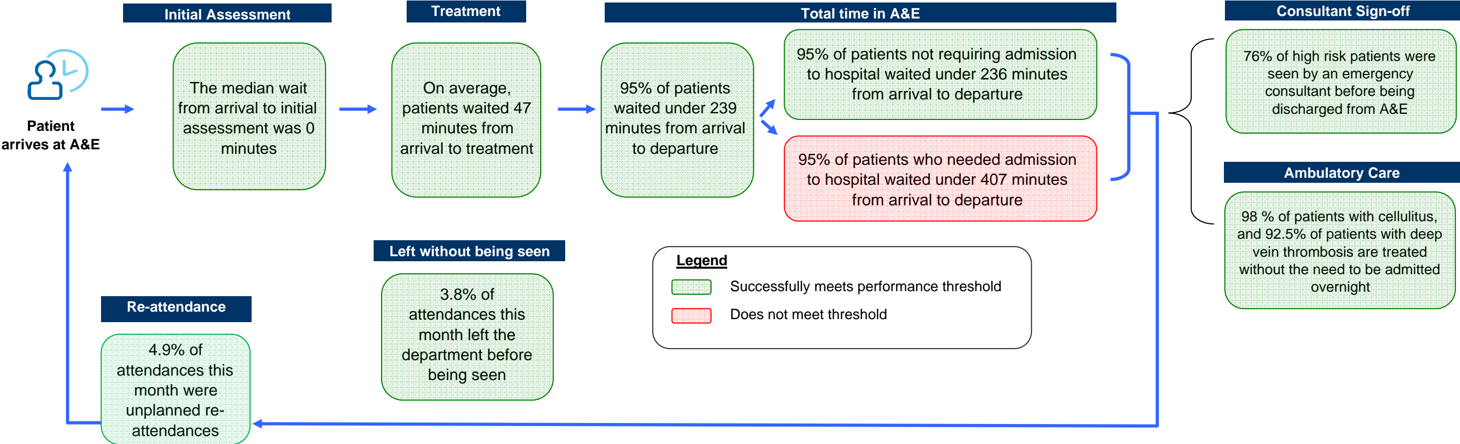
A&E Clinical Quality Indicators

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

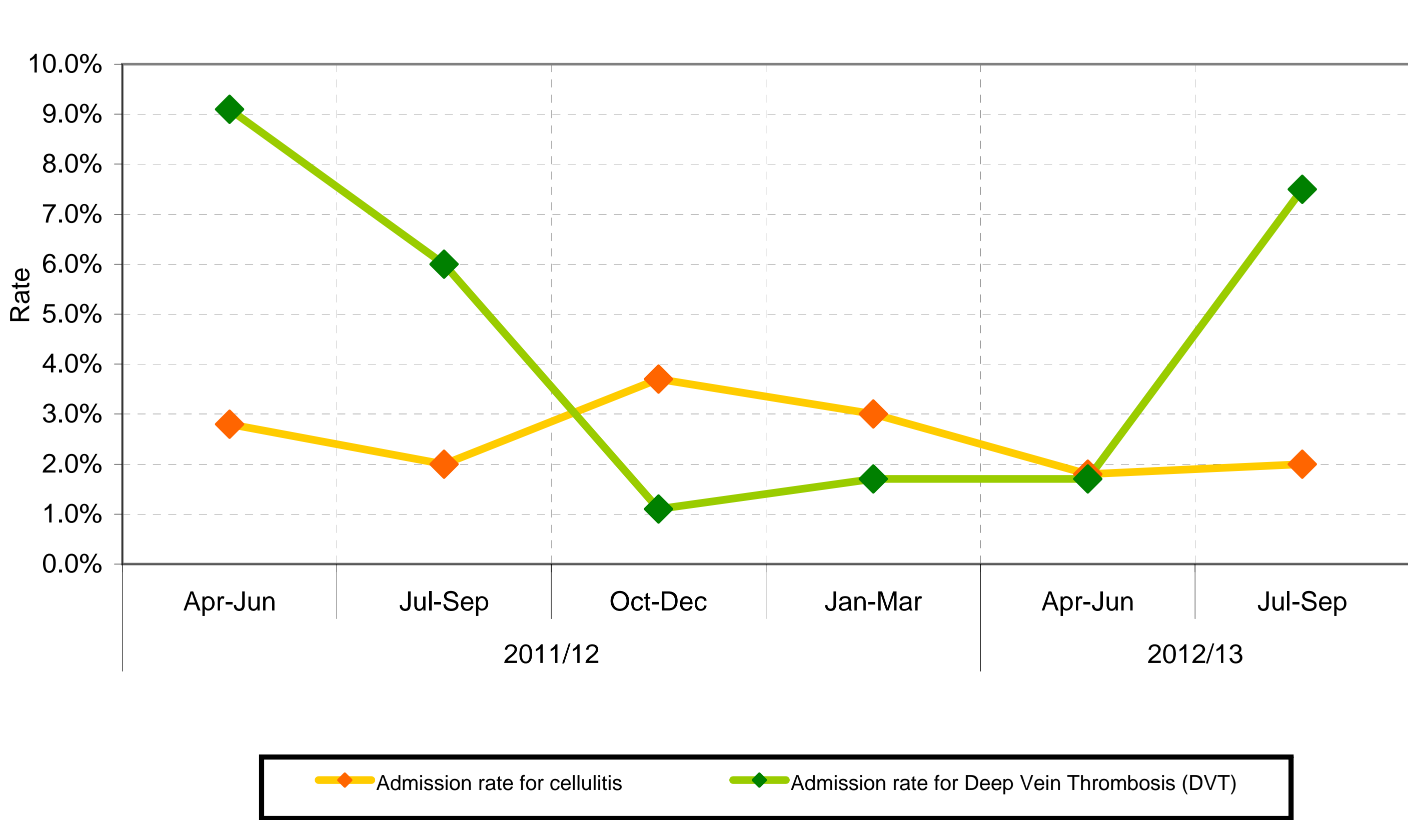
General Information
St George's Hospital NHS Trust
Type 1 (Major)
Published for Sep-2012

Summary of performance - September 2012



St George's Healthcare NHS Trust

Ambulatory Care



Definition of indicator

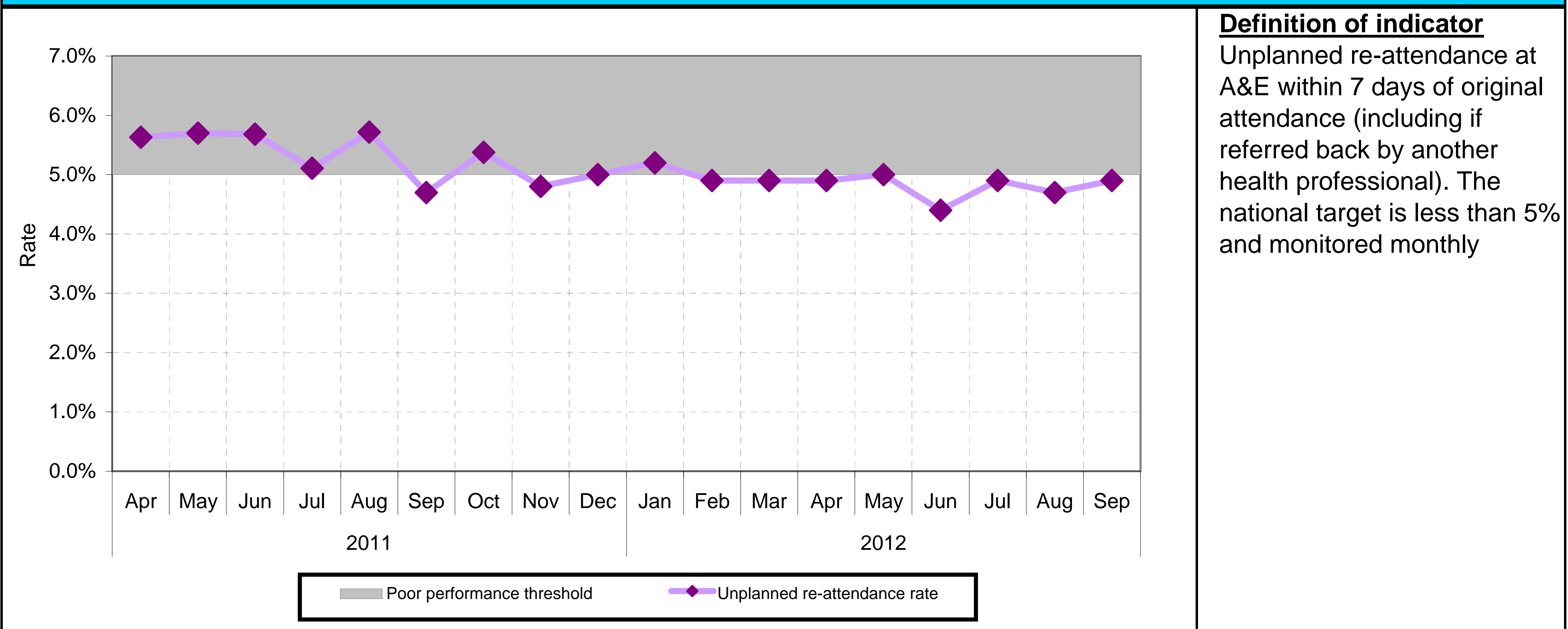
Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.
Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and deep vein thrombosis (DVT) that end in admission
This presents the percentage of attendances for cellulitis and deep vein thrombosis (DVT) that were admitted to the hospital.
This measure is recorded quarterly. Next upload December 2012

Narrative

Throughout 2011/12 and the first 2 quarters of 2012/13 the admission rates for cellulitis and DVT have been below the national target of 10%.

2.0%	This quarter (cellulitis)
⬆	Compared to last qtr
	Data quality
7.5%	This quarter (DVT)
⬆	Compared to last qtr
	Data quality

Unplanned Re-attendance Rate



Definition of indicator

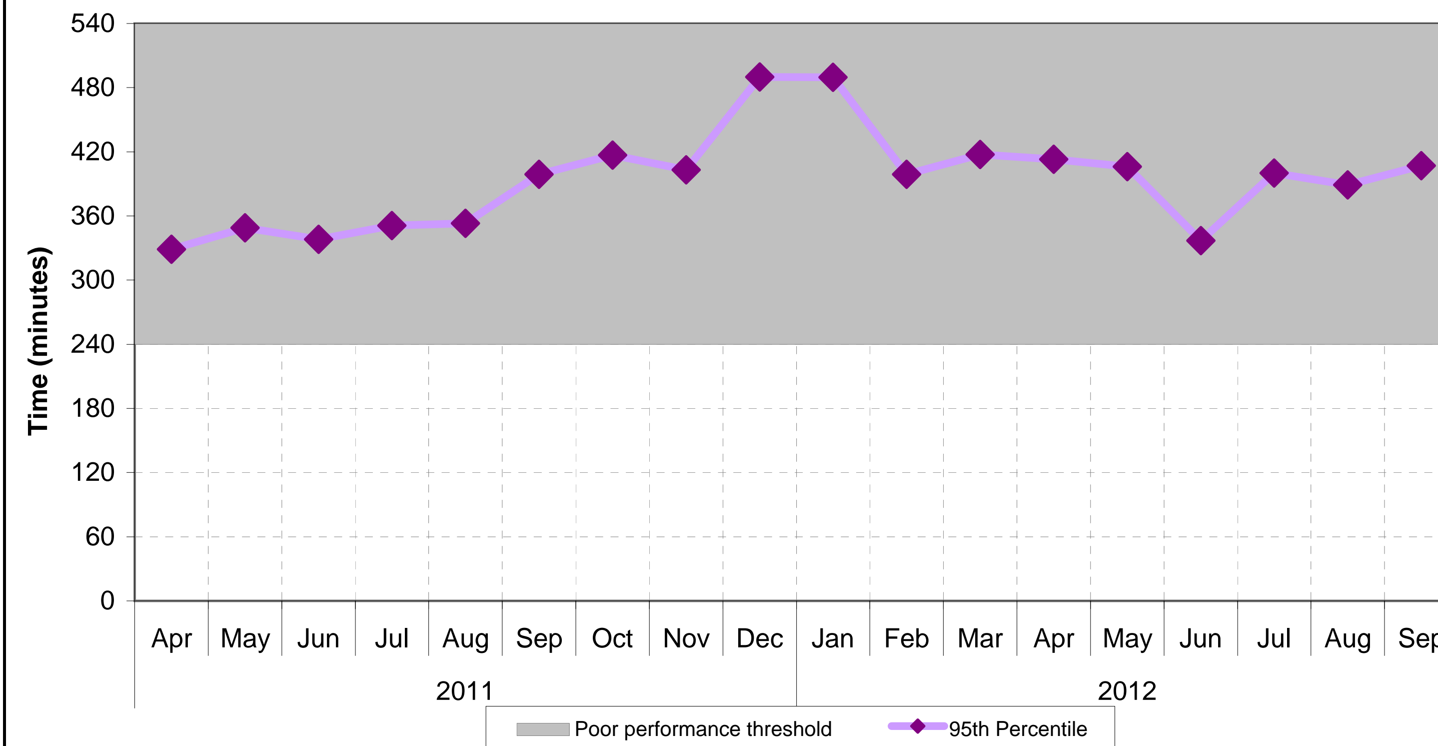
Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional). The national target is less than 5% and monitored monthly

Narrative

St Georges Hospital has consistently met the target since February 2012. The figure for September was 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 September 2012 data is below

Median wait – 225 minutes

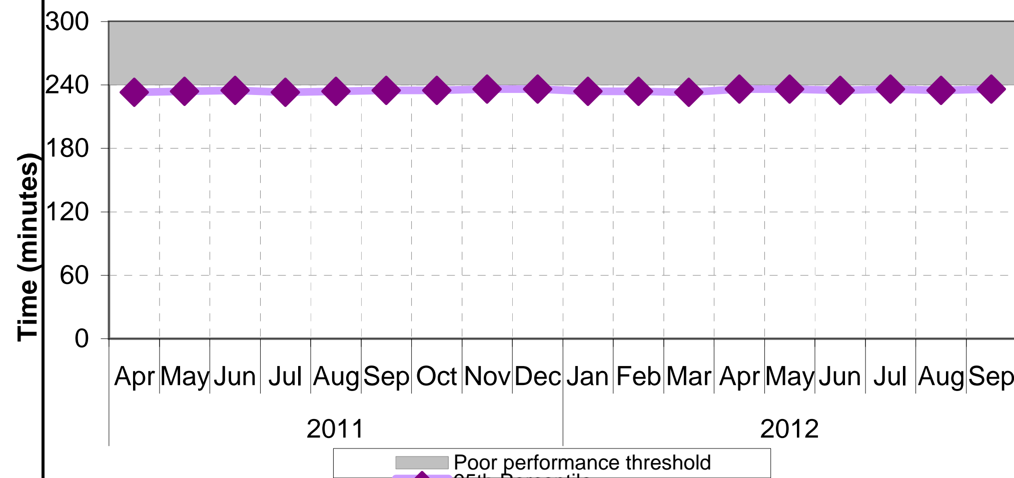
95th percentile – 407 minutes

Single longest wait - 829 minutes. This because it was clinically necessary to keep the patient within the department

407	95th percentile this month
⬆	Compared to last month
	Data quality

St George's Healthcare NHS Trust

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



Definition of indicator

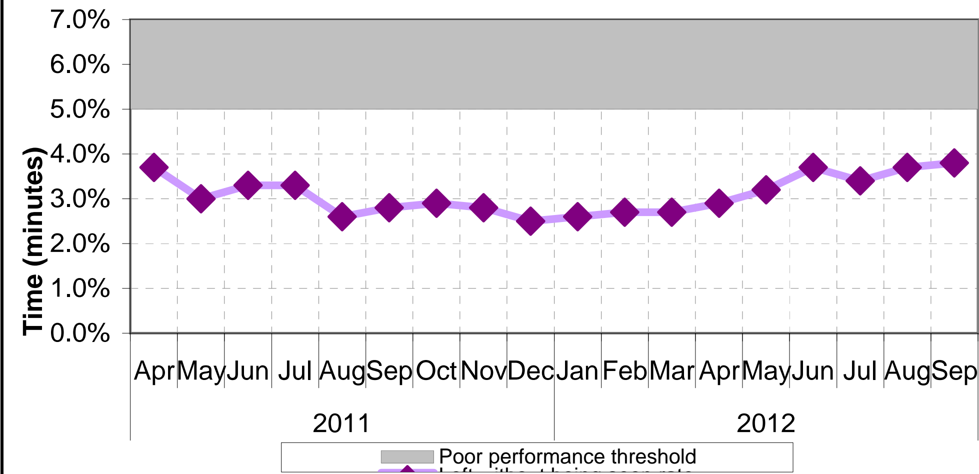
The median, 95th percentile and longest total time spent by patients in the A&E department, for admitted and non-admitted patients.
The national target for the median wait is 240 minutes.
This measure is monitored monthly

Narrative

A breakdown of September 2012 data is below
Median wait – 140 minutes
95th percentile – 236 minutes
Single longest wait - 1318 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

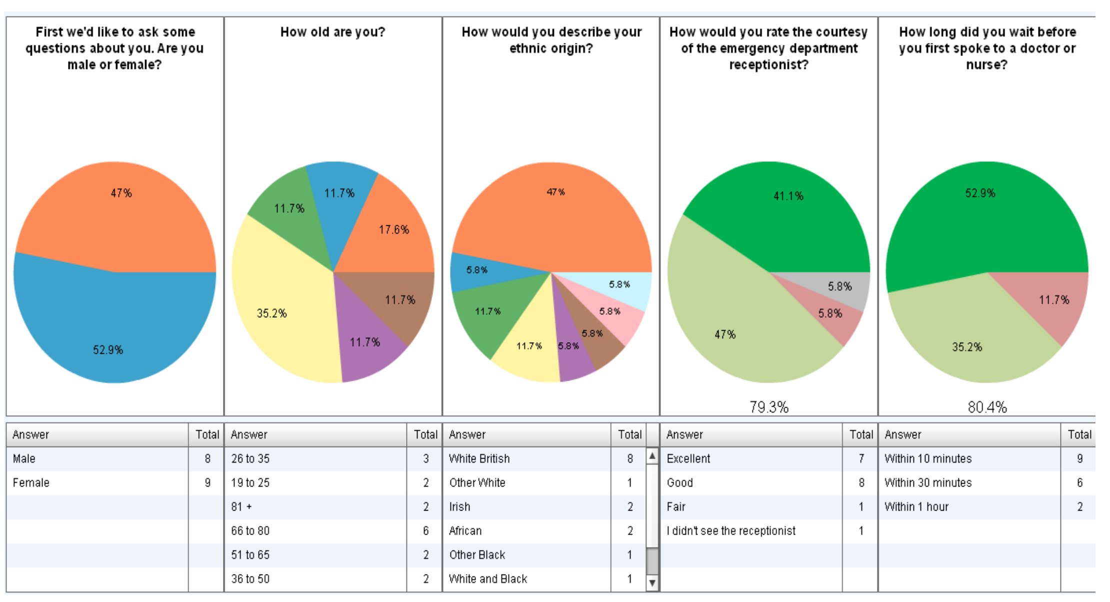
The percentage of people who leave the A&E department without being seen.
National target is less than 5%
This measure is reported monthly

Narrative

Throughout 2011/12, the number of patients was consistently less than the national target. For September 2012 the figure was 3.8%.

3.8%	95th percentile this month
⬆	Compared to last month
	Data quality

Service Experience



Answer	Total
Male	8
Female	9

Answer	Total
26 to 35	3
19 to 25	2
81 +	2
66 to 80	6
51 to 65	2
36 to 50	2

Answer	Total
White British	8
Other White	1
Irish	2
African	2
Other Black	1
White and Black	1

Answer	Total
Excellent	7
Good	8
Fair	1
I didn't see the receptionist	1

Answer	Total
Within 10 minutes	9
Within 30 minutes	6
Within 1 hour	2

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

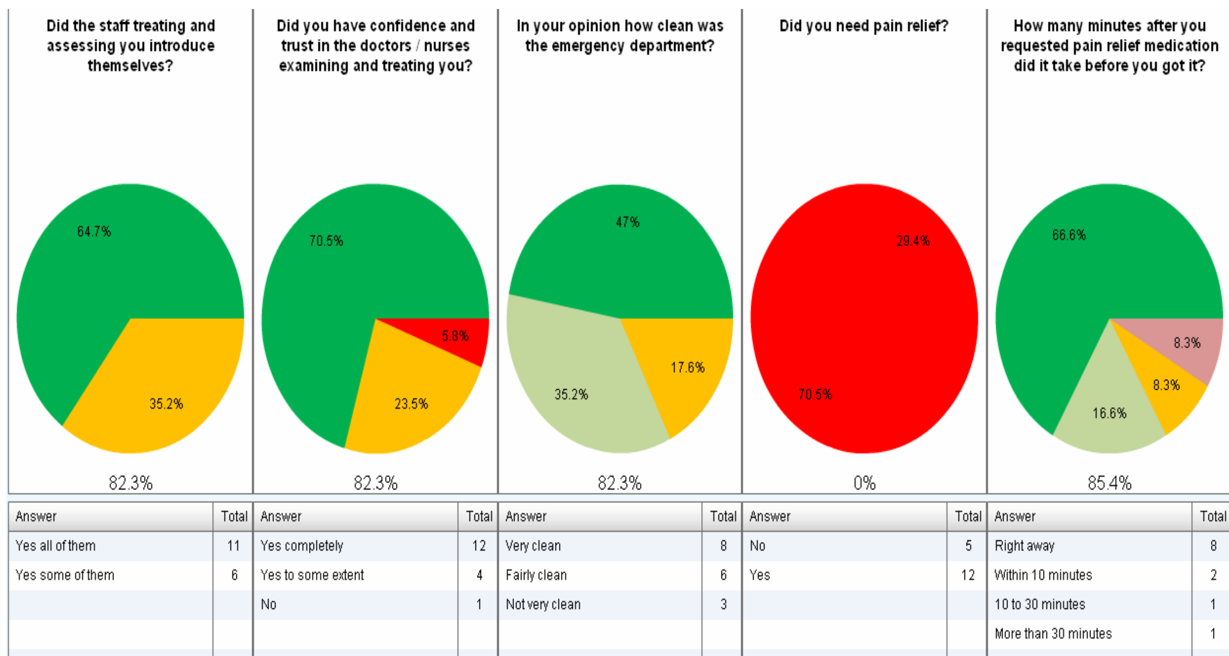
This measure is reported quarterly

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



Answer	Total	Answer	Total	Answer	Total	Answer	Total	Answer	Total
Yes all of them	11	Yes completely	12	Very clean	8	No	5	Right away	8
Yes some of them	6	Yes to some extent	4	Fairly clean	6	Yes	12	Within 10 minutes	2
		No	1	Not very clean	3			10 to 30 minutes	1
								More than 30 minutes	1

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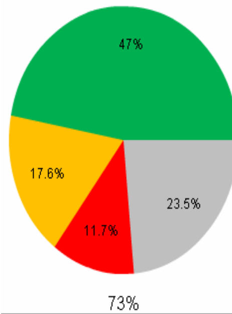
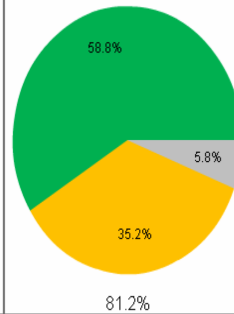
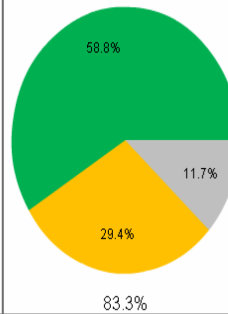
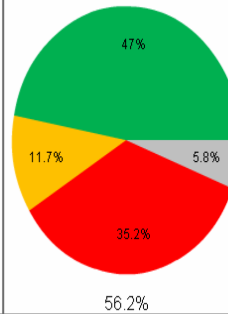
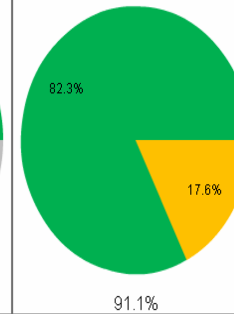
Data quality

Service Experience

Were you able to get suitable refreshments when you were in the emergency department?	Did a member of staff explain why you needed any tests in a way you could understand?	While you were in the emergency department did a doctor or nurse explain your condition in a way you could understand?	Did doctors or nurses talk in front of you as if you weren't there?	Overall did you feel you were treated with respect and dignity while you were in the emergency department?
				
73%	81.2%	83.3%	56.2%	91.1%

Answer	Total	Answer	Total	Answer	Total	Answer	Total	Answer	Total
Yes completely	8	Yes completely	10	Yes completely	10	No	8	Yes completely	14
Yes to some extent	3	Yes to some extent	6	Yes to some extent	5	Yes to some extent	2	Yes to some extent	3
No	2	This does not apply to me	1	This does not apply to me	2	Yes completely	6		
I did not want any refreshments	4					This does not apply to me	1		

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

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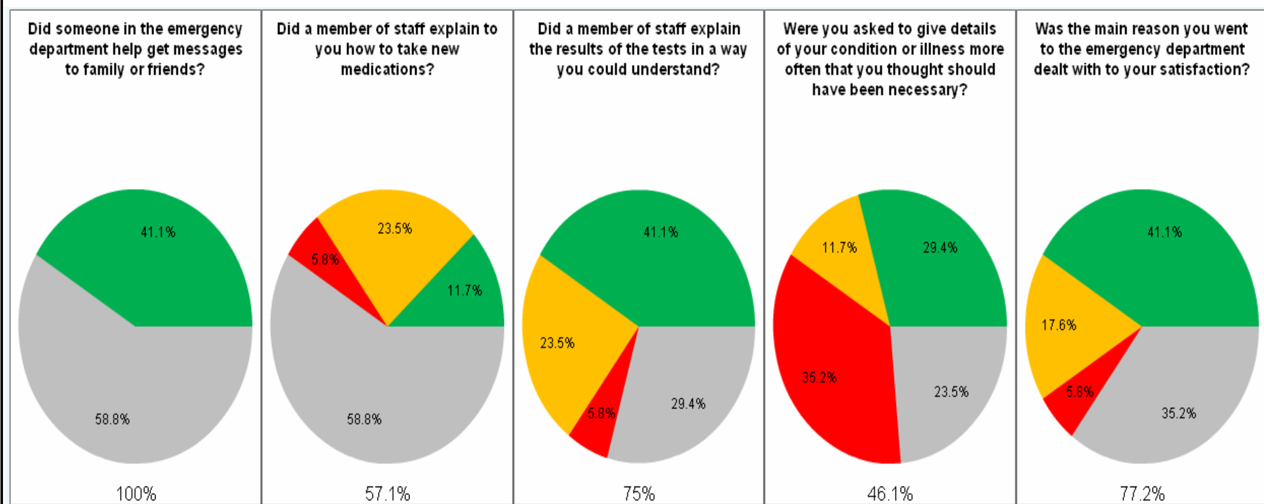
The Patient Experience Tracker (PET) questionnaire is used to ask patients to reflect on their experience of the A&E department including the environment, staff, and whether they were involved in the decisions made regarding their care. The results are reviewed and discussed at the A&E Patient Experience Focus Group on a monthly basis and actions taken to address issues.

Data quality

Service Experience



Answer	Total
Yes	7
This doesn't apply to me	10

Answer	Total
Yes completely	2
Yes to some extent	4
No	1
This doesn't apply to me	10

Answer	Total
Yes completely	7
Yes to some extent	4
No	1
This doesn't apply to me	5

Answer	Total
No	5
Yes to some extent	2
Yes completely	6
This doesn't apply to me	4

Answer	Total
Yes completely	7
Yes to some extent	3
No	1
It is still being dealt with	6

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

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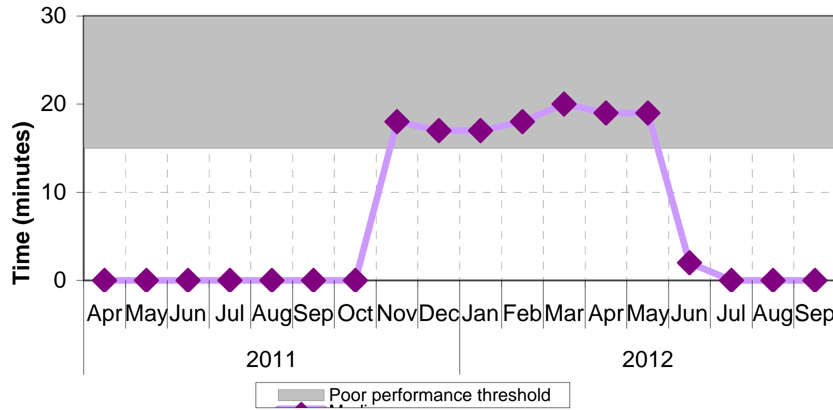
Data quality

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 15 minutes This measure is reported on monthly

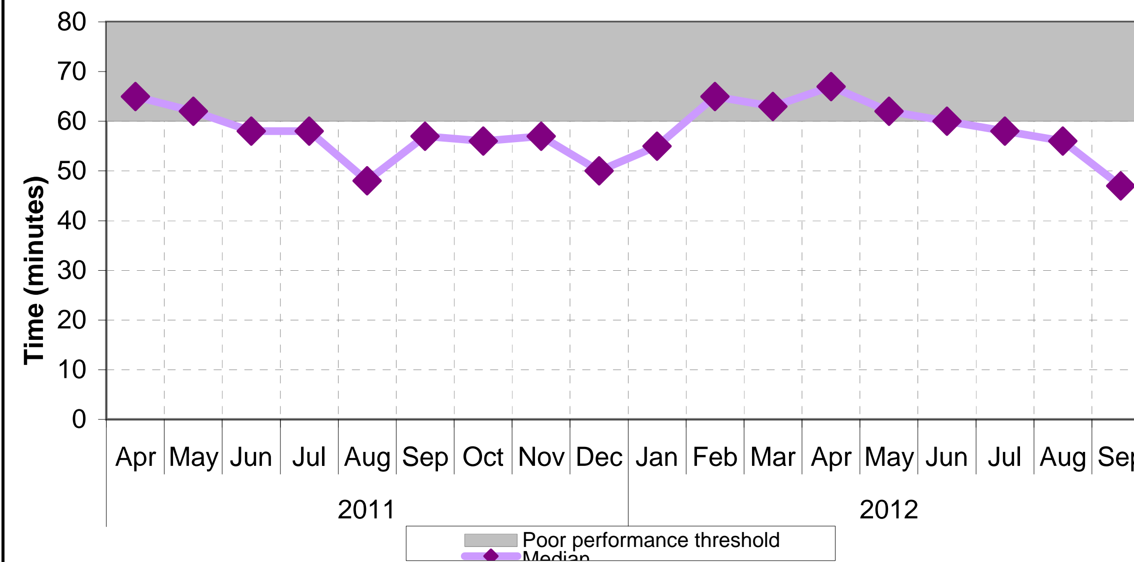
Narrative

A median wait of zero minutes against target is recorded for September.
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 September's performance is below:-
Median wait – 47 minutes
Max wait – 411 minutes
95th percentile – 149 minutes

47	Median wait for this month
⬇	Compared to last month
	Data quality

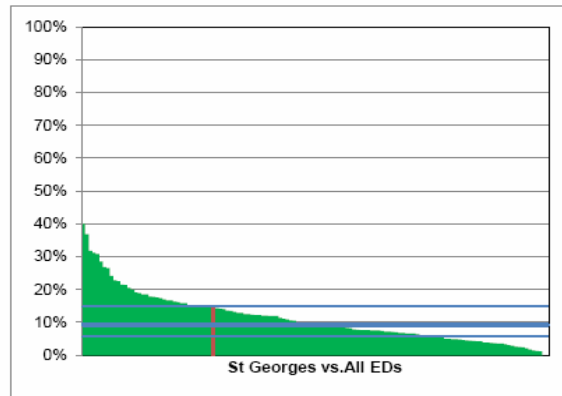
Consultant Sign-Off

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%

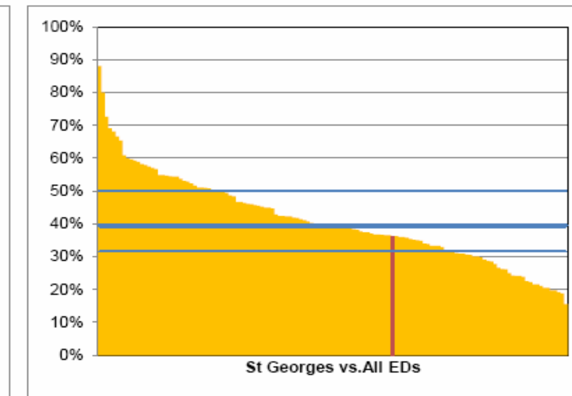
* consultant, associate specialist, staff grade, specialty doctor, senior clinical fellow, or ST4-7+

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 next date to be confirmed by College of Emergency Medicine.

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