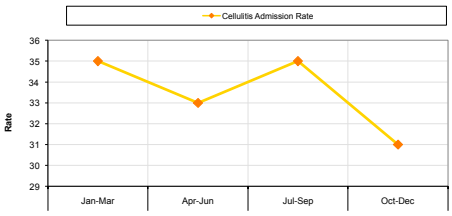
Accident & Emergency Department Clinical Quality Indicators - Heartlands Hospital

Ambulatory Care

Cellulitis Admission Rate



Rationale

The aim is to reduce avoidable hospital admissions by improving the provision of ambulatory care.

Ambulatory care is clinical care for urgent conditions, which may include diagnosis, observation, treatment and rehabilitation that are not provided within the traditional hospital bed base or within traditional outpatient services.

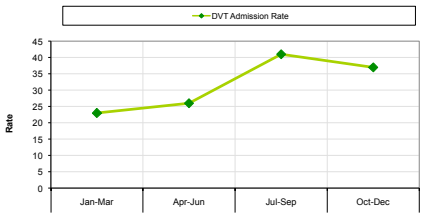
When it is safe and effective to do so a patient should be treated at home or in settings where the delivery of acute care is feasible without requiring an admission for overnight stays in hospital.

What is Heartlands Hospital doing to improve performance?

Heartlands Hospital has a defined Cellulitis pathway which we manage via our Clinical Decisions Unit whereby appropriate patients are managed on the same day and safely discharged where clinically appropriate rather than traditionally admitting this patient group . CDU medicine is seen as best practice in ambulatory care and supports emergency departments to manage patients who need more than four hours but not more than a 24 hour stay if aggressively managed. We are also developing our Ambulatory Emergency Care service in conjunction with acute medicine colleagues to further enhance ambulatory services. Further ongoing review of the performance of the pathway is currently underway to develop a detailed understanding of admission rates.

31%	This quarter (cellulitis)

DVT Admission Rate



Rationale

The aim is to reduce avoidable hospital admissions by improving the provision of ambulatory care.

Ambulatory care is clinical care for urgent conditions, which may include diagnosis, observation, treatment and rehabilitation that are not provided within the traditional hospital bed base or within traditional outpatient services.

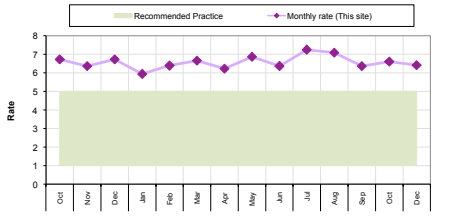
When it is safe and effective to do so a patient should be treated at home or in settings where the delivery of acute care is feasible without requiring an admission for overnight stays in hospital.

What is Heartlands Hospital doing to improve performance?

We currently manage this patient group via our CDU and we continue to develop our Ambulatory Emergency Care services in conjunction with acute medicine colleagues to further enhance ambulatory services. Performance appears to have plateaued in the previous 2 quarters. Further review of performance data is ongoing to ascertain what factors are influencing this.

37%	This quarter (DVT)

Unplanned re-attendance



Rationale

The aim is to reduce avoidable re-attendances at A&E by improving the care and communication delivered the during the first attendance.

Patients may re-attend A&E because of a wrong initial diagnosis, wrong treatment or poor explanation by clinicians. A subset of re-attendances at A&E may be due chronic conditions. Effective case management and ensuring patients receive the right care first time can improve patient experience and health outcomes.

The optimum re-attendance is *not zero*. Patients may be expected to re-attend if their conditions unavoidably worsens, or if they re-attend for unrelated conditions.

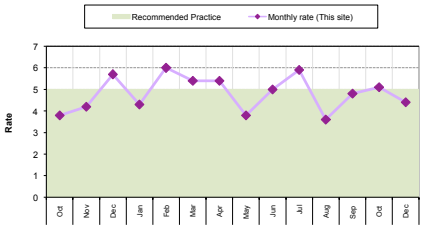
Expert opinion suggests levels should be below 5% and levels less than 1% may reflect a risk averse approach to care.

What is Heartlands Hospital doing to improve performance?

To manage the re-attending group of patients we have convened a multidisciplinary group consisting of ED consultants, primary care, commisioners and mental health teams. This MDT group review the patients who frequently attend and will agree a case management approach for the highest attending patients. Current analysis shows us that patients with drug / alcohol and psychiatric issues make up a significant number of those who re-attend. Nationally the average re-attending rate was 7.4% with the approach currently being deployed within HEFT used as an example of best practice nationally. This approach is ongoing and futher actions will be updates, as necessary.

6%	Rate this month
Improved	Compared to last month

Left without being seen



Rationale

The aim is to improve patient experience and reduce the clinical risk to patients with high risk conditions who leave A&E before receiving the care they need.

Patients who decide to leave the A&E department after they have been initially received, but before being seen by a clinical decision maker, may have health conditions that will deteriorate without treatment.

Expert opinion suggests that the rate should be below 5% in good UK practice.

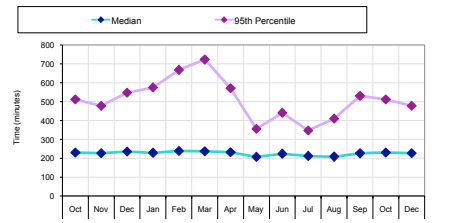
What is Heartlands Hospital doing to improve performance?

The numbers of patients leaving before being seen continues to remain well within recommended levels. However, out of the three site Heartlands manages the biggest number of patients with drug / alcohol and psychiatric related presentations. Individuals with these issues are most likely to leave before being seen due to the particular presenting characheteristics of the majority of ED attenders in this group.. Continued focus on overall waiting times in departments will further support performance in this area.

4.4%	Rate this month
	Data quality

Total time in the A&E department (admitted patients)

Site-level performance



Rationale

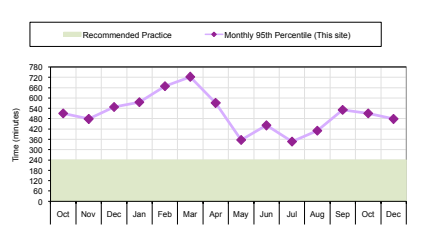
The aim is to improve the timeliness and monitoring of care to ensure patients do not have excessive waits in A&E before being admitted.

Longer lengths of stay in the emergency department are associated with poorer health outcomes and patient experience as well as transport delays, treatment delays, ambulance diversion and patients leaving without being seen.

Monitoring the median, 95th percentile and longest time, allows departments to understand the distribution of waiting times of the patients they care for.

In England, the median time spent in A&E for a patient being *admitted* is approximately 205 minutes with 95% of patients being admitted within 340 minutes.

Site performance against performance thresholds)



Bottom Line

1. Excessive total time in the A&E is linked to poor outcomes, but decreasing delays must not be confused with faster care

2. Clinical advice suggests that a 95th percentile wait above four hours is not good practice

3. The single longest wait should be no more than six hours

The median is the middle time, so half the patients waited less and half of the patients waited more.

The 95th percentile is essentially a method of separating the majority from the insignificant few, in simple terms it looks at what happened for 95% of patients.

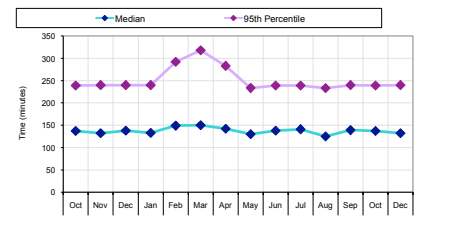
What is Heartlands Hospital doing to improve performance?

This indicator includes patients who are critically unwell and require on-going management before safe transfer, this includes patients going to Intensive Care or directly to Theatre. However, it does also represent the bulk of patients who are sick and require inpatient treatment but are awaiting beds in the various inpatient areas. The overall trend for time in A and E continues to be reducing overall across all HEFT sites and this is particularly the case for the Heartlands site. There are a variety of initiatives which are contributing to this performance, including the Rapid Assessment and Treatment initiative which has begun to be delivered at GHH and BHH. The changes within the emergency medicine pathway that this approach delivers means that patients are assessed, treated and referred, or discharges much more efficiently thereby redcing overall stay within the A and E department.

478mins	95th percentile this month
	Data quality

Total time in the A&E department (non-admitted patients)

Site-level performance



Rationale

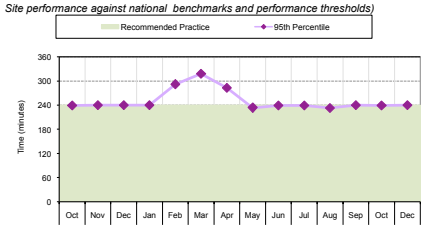
The aim is to improve the timeliness and monitoring of care to ensure patients do not have excessive waits in A&E before being admitted.

Longer lengths of stay in the emergency department are associated with poorer health outcomes and patient experience as well as transport delays, treatment delays, ambulance diversion and patients leaving without being seen.

Monitoring the median, 95th percentile and longest time, allows departments to understand the distribution of waiting times of the patients they care for.

In England, the median time spent in A&E for a *non-admitted* patient is approximately 105 minutes with 95% of patients being non-admitted within 235 minutes.

Site performance against national benchmarks and performance thresholds)



Bottom Line

1. Excessive total time in the A&E is linked to poor outcomes, but decreasing delays must not be confused with faster care

2. Clinical advice suggests that a 95th percentile wait above four hours is not good practice

3. The single longest wait should be no more than six hours

The median is the middle time, so half the patients waited less and half of the patients waited more.

The 95th percentile is essentially a method of separating the majority from the insignificant few, in simple terms it looks at what happened for 95% of patients.

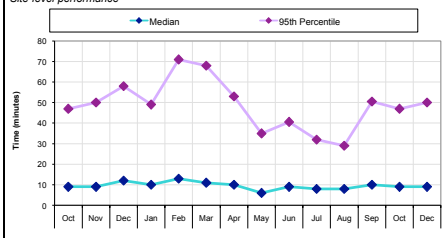
What is Heartlands Hospital doing to improve performance?

The patient cohort included within this metric are mostly made up of patients with minor injury and illness reflected by the median waiting time. However the 95th percentile often represent patients who have been aggressively treated to the point they do not require admission which is better for the patient but is reflected as longer than expected waiting times for patients who are not admitted. Renewed focus on the embedding of Rapid Assessment and Treatment will facilitate reductions in waiting times. Ongoing discussions to introduce a new primary care front end service will also support this performance measure.

240mins	95th percentile this month
	Data quality

Time to initial assessment in A&E

Site-level performance



Rationale

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

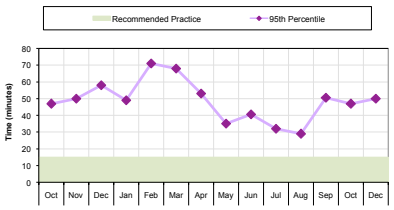
The aim is to reduce the clinical risk associated with the time a patient spends unassessed in A&E.

Many urgent and emergency conditions are time sensitive and the period before a patient is seen by a health professional represents clinical risk.

Major case patients waiting more than 20 minutes for initial assessment could indicate poor quality or unsafe care.

The College of Emergency Medicine has issued a standard for vital signs measurement in the majors area of A&E departments.

Site performance against national benchmarks and performance thresholds)



Bottom Line

1. The delay in the A&E department in assessing and then accepting care of the patient should be minimised but that assessment must be meaningful and add value for the patient

2. Patients should be assessed as soon as possible; good practice would be to have all patients assessed within 20 minutes of arrival

The median is the middle time, so half the patients waited less and half of the patients waited more.

The 95th percentile is essentially a method of separating the majority from the insignificant few, in simple terms it looks at what happened for 95% of patients.

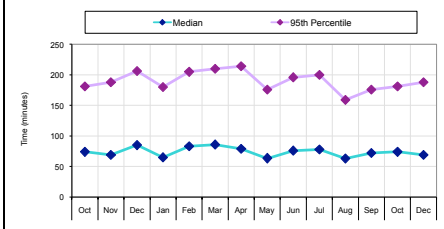
What is Heartlands Hospital doing to improve performance?

Throughout the winter across all HEFT sites, the ongoing enhancement of assessment processes to ensure effective streaming of patients for appropriate ongoing care and embedding "the Rapid Assessment and Treatment " systems will reduce the wait for iniital assessments

50mins	95th percentile this month
	Data quality

Time to Treatment in A&E

Site-level performance



Rationale

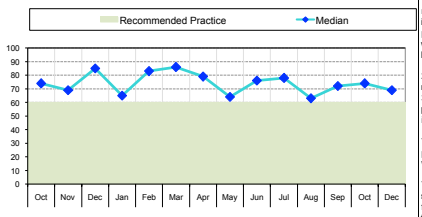
Time from arrival to see a decision making clinician (someone who can define the management plan and discharge the patient).

The aim is to reduce the clinical risk and discomfort associated with the time a patient spends before their treatment begins in A&E.

The decision-maker should be someone who can define the management plan and has the ability to discharge a patient.

Large numbers of patients waiting more than 60 minutes to be seen by a clinical decision maker could indicate poor quality or unsafe care.

Site performance against national benchmarks and performance thresholds)



Bottom Line

1. Time to the start of treatment should be minimised but not at the expense of other indicators. Expert clinical opinion suggests that patients should be seen by a decision-maker within 60 minutes of arrival, but this may be too long for the more serious cases

2. The earlier the correct management plan is made the better for the patient; a wait of over 30 minutes is excessive for certain presentations, e.g.. sepsis, stroke, myocardial infarction, respiratory distress

The median is the middle time, so half the patients waited less and half of the patients waited more.

The 95th percentile is essentially a method of separating the majority from the insignificant few, in simple terms it looks at what happened for 95% of patients.

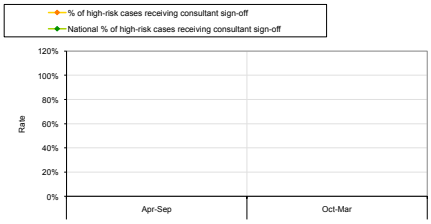
What is Heartlands Hospital doing to improve performance?

This indicator reports the time from arrival to clinician, the directorate continues to develop its workforce according to its workforce strategy so we can optimise our decision making capacity against demand. The department is currently reviewing internal processes and escalation levels to ensure that performance can be optimised at all times.

69mins	Median this month
	Data quality

Consultant Sign-off

Site performance against national benchmarks and performance thresholds)



Rationale

The percentage of patients presenting at major A&E departments within certain high-risk patient groups (below), that are reviewed by an emergency medicine consultant before being discharged.

*Non-traumatic chest pain
*Febrile children less than 1 year old
*Patients making an unscheduled return visit with the same condition within 72 hours of discharge

The aim is to improve clinical processes and outcomes and reduce the risk patients are exposed to.

This is measured by the College of Emergency Medicine, every six months.

What is Heartlands Hospital doing to improve performance?

N/A	Oct-Mar performance
N/A	Compared to last period

Overall Summary of performance

HEFT is currently significantly challenged with overall waiting times within the departments. Detailed action plans are in place to improve internal processes within the department as well as system wide changes. Significant investment into the nursing and medical workforce has recently been released to support the effective and safe functioning of the department.