Accident & Emergency Department Clinical Quality Indicators - Solihull Hospital

Ambulatory Care

Cellulitis Admission Rate

Cellulitis Admission Rate (Rate): Jan-Mar 11, Apr-Jun 14, Jul-Sep 11, Oct-Dec 12

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.

Narrative

The Emergency Department (ED) at Solihull does not receive patients by ambulance, all medical emergency patients calling an ambulance are managed via the acute medical unit directly resulting in very low numbers of patients being admitted via the department.

12%	This quarter (cellulitis)

DVT Admission Rate

DVT Admission Rate (Rate): Jan-Mar 89, Apr-Jun 81, Jul-Sep 72, Oct-Dec 59

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.

Narrative

All patients presenting to the Solihull ED with a suspected DVT have to be referred to the acute medical team hence the apparent high admission rate. The acute medical unit now has a pathway with the local walk in centre to manage appropriate patients which is reducing the numbers of patients requiring hospital care. The overall trend continues to be positive.

59%	This quarter (DVT)

Unplanned re-attendance

Chart legend: Recommended Practice; Monthly rate (This site). Axis: Rate; months Oct to Dec.

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.

Narrative

Re-attending patients to date have fallen into the category of drug, alcohol and psychiatric issues and Solihull has less of this patient group within its population compared to the catchment areas of Heartlands and Good Hope Hospitals. The directorate is engaging with multidisciplinary colleagues from primary care, commisioners and mental health teams to review the patients who frequently attend and will agree a case management approach for the highest attending patients.This is ongoing.

4%	Rate this month
Worse	Compared to last month

Left without being seen

Chart legend: Recommended Practice; Monthly rate (This site). Axis: Rate; months Oct to Dec.

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.

Narrative

Solihull continues to perform within what is recommended practice.

2.3%	Rate this month
	Data quality

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

Site-level performance

Chart legend: Median; 95th Percentile. Axis: Time (minutes); months Oct to Dec.

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)

Chart legend: Recommended Practice; Monthly 95th Percentile (This site). Axis: Time (minutes); months Oct to Dec.

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.

Narrative

All patients requiring admission on the Solihull site go via the Acute Medical Unit, a dedicated site team at Solihull is focused on reducing the time from a decision to admit within the ED to transferring to the Acute Medical Unit or Surgical / Gynae assessment areas

374mins	95th percentile this month
	Data quality

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

Site-level performance

Chart legend: Median; 95th Percentile. Axis: Time (minutes); months Oct to Dec.

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)

Chart legend: Recommended Practice; 95th Percentile. Axis: Time (minutes); months Oct to Dec.

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.

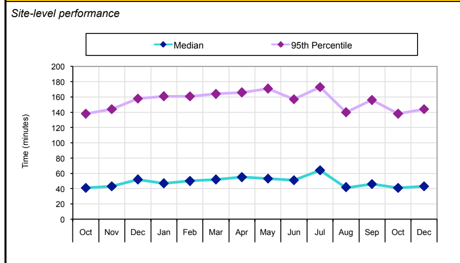
Narrative

Solihull is the highest performing site in this regard to due to type of patients in treats which are people attending with minor illness or injury.

222mins	95th percentile this month
	Data quality

Time to Treatment in A&E

Site-level performance



Rationale

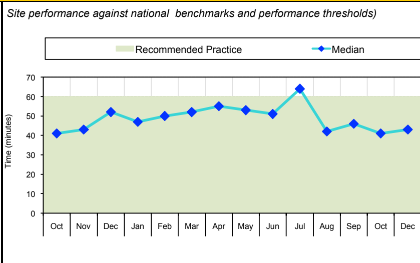
Time from arrival to see a decision making clinician (someone who can define the management plan and discharge the patient).

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.

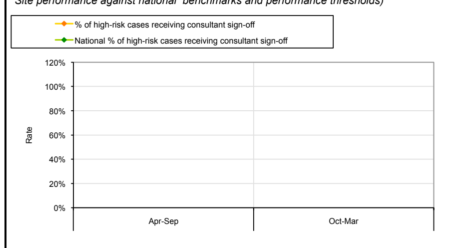
The 95th percentile is essentially a method of separating the majority from the insignificant few, in simple terms it looks at what happened for 95% of patients.

Narrative
This indicator reports the time from arrival to being seen by a clinician. As the departments become less crowded with patients waiting for beds our clinicians are able to see the new patients more quickly.

43mins	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.

Narrative

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

Overall Summary of performance

HEFT has made significant progress against many of the new CQIs particularly the ones focused on waiting times for various aspects of care which matters most to patients, with Solihull being our highest performing site.