# Accident & Emergency Clinical Quality Indicators

Stockport NHS
NHS Foundation Trust

These standards represent a summary view of key aspects of effective patient care. At Stockport NHS Foundation Trust we embrace the philosophy of any such standards being whole-systems standards, as opposed to departmental ones. Professionally and operationally we utilise the standards as a driver to improve performance. Whilst we recognise these are **national standards**, we use them in Stockport to help us to address issues of particular relevance to our local population, working collaboratively with other agencies, including commissioners, to ensure that we attend to them. We aspire to push standards higher and engage users in helping us to shape our services.

## Summary – November 2011

| Indicator | key measure | threshold | met | actual | attendances | detail |
|---|---|---|---|---|---|---|
| Total time in A&E | 95th percentile time[1] | 4 hours | no | 4:34 | 6,932 | Page 2 |
| *for admitted patients* | *95th percentile time* | | | *5:53* | 1,733 | Page 3 |
| *for non-admitted patients* | *95th percentile time* | | | *3:57* | 5,199 | Page 3 |
| Time to Initial Assessment[2] | 95th percentile time | 15 mins | yes | 0:14 | 2,267 | Page 4 |
| Time to Treatment | median time | 1 hour | no | 1:01 | 6,438 | Page 4 |
| Left without being seen | percentage | 5% | yes | 0.03% | 2 | Page 5 |
| Unplanned re-attendance rate[3] | percentage | 5% | no | 6.% | 413 | Page 5 |
| Ambulatory care | quarterly information on cellulitis & deep vein thrombosis | | | | | Page 6 |
| Service experience | quarterly report on improving A&E for patients and carers | | | | | Page 7 |
| Consultant sign-off | six-monthly audit information on high-risk patients | | | | | Page 7 |

## Overview – November 2011

*There are no updated narrative sections in this month's report.*

This report is about the services we provide in the

Emergency Department
Stepping Hill Hospital
Poplar Grove
Hazel Grove
Stockport
SK2 7JE
Telephone: 0161 419 4108

We are a Major (type 1) A&E Department providing a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of Accident & Emergency patients.

Services are provided by Stockport NHS Foundation Trust (NHS organisation code RWJ01)

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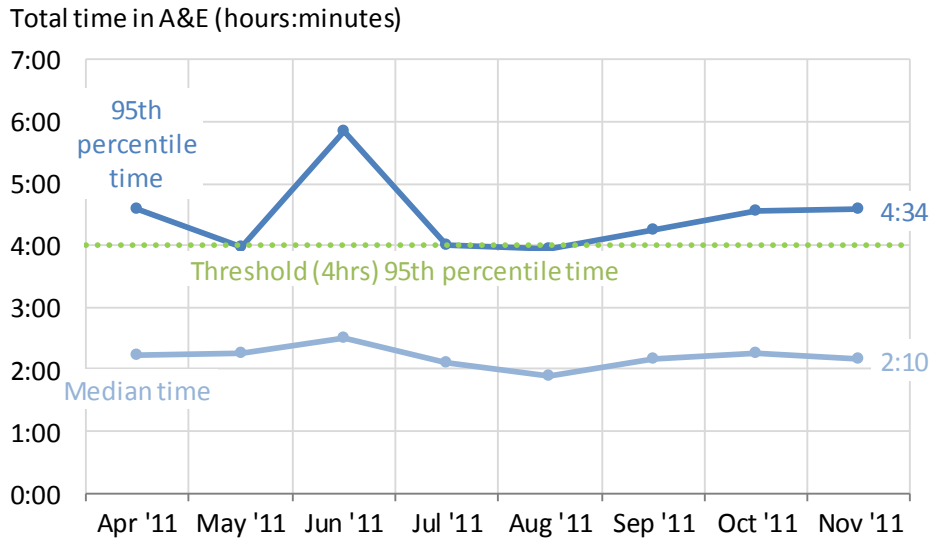
Unless specified, information relates to the month of November 2011

Published on 04 January 2012

# The *median, 95th percentile and longest* total time spent by patients in the A&E department

*Aim: To improve the timeless and monitoring of care to ensure patients do not have excessive waits in A&E before leaving the department*




In July 2011 the 95th percentile time for all A&E attendances in England was exactly 4 hours [4]. In November we treated 6,932 patient attendances. 93.9% of patient attendances left the department within four hours.

134 patients (1.9% of all attendances) spent more than 6 hours in A&E, 6 patients were recorded as spending more than 12 hours in A&E.

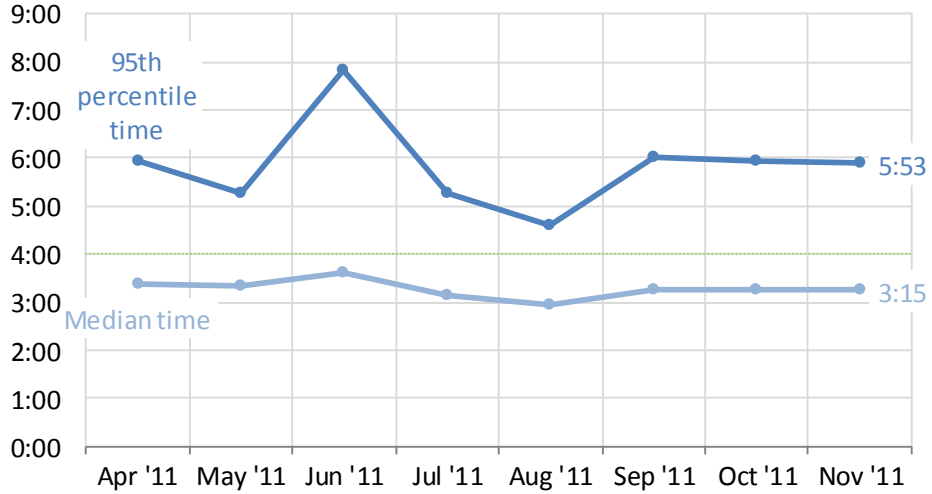
Overall the data quality for this indicator is good. All attendances should have a start and end time recorded.

For all the indicators in this report, we have excluded all follow-up attendances from the data (where a patient has been asked to return to A&E for the same incident). All our A&E follow-up attendances should be planned[5]

## For admitted patients – the *median, 95th percentile and longest* total time spent by patients in the A&E department

*Aim: To improve the timeless and monitoring of care to ensure patients do not have excessive waits in A&E before leaving the department*

Total time in A&E (hours:minutes), admitted patients




In July 2011 the 95th percentile time for all admitted A&E attendances in England was 5 hours 59 minutes[4].

In November we admitted 1,733 patients following an A&E attendance, this represents 25% of all our A&E attendances.

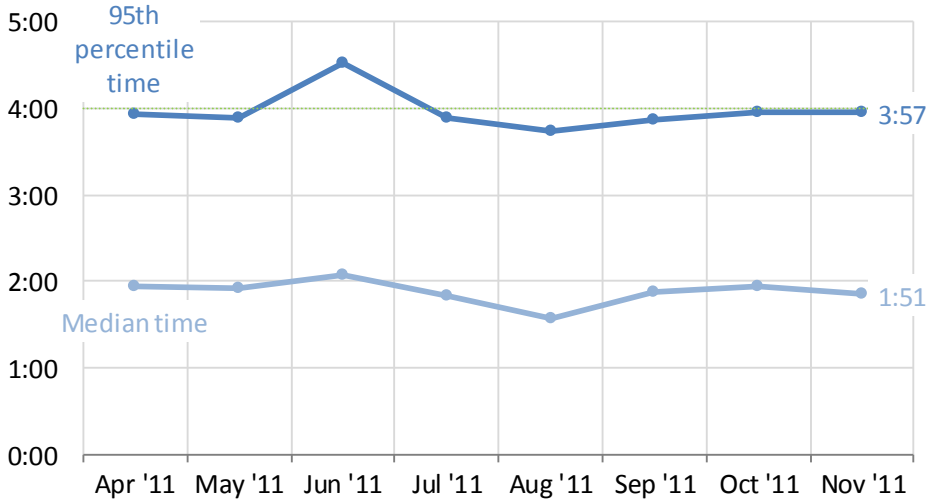
The longest recorded total time in the Emergency Department for an admitted patient in November was 15 hours 16 minutes.

Overall the data quality for this indicator is good. All attendances should have a start and end time recorded.

## For non-admitted patients – the *median, 95th percentile and longest* total time spent by patients in the A&E department

*Aim: To improve the timeless and monitoring of care to ensure patients do not have excessive waits in A&E before leaving the department*

Total time in A&E (hours:minutes), non-admitted patients



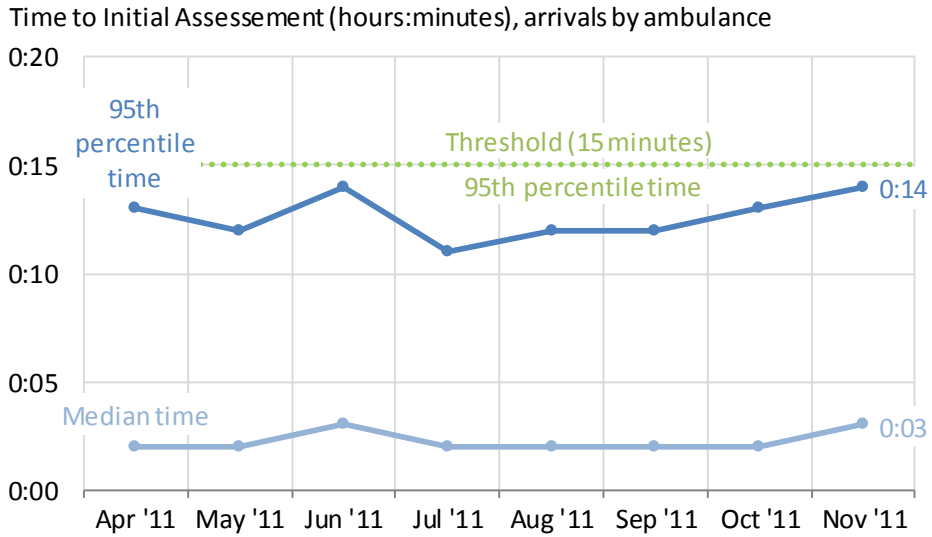

In July 2011 the 95th percentile time for all non-admitted A&E attendances in England was 3 hours 56 minutes[4].

In November we discharged (without admission to hospital) 5,199 patient attendances, this represents 75% of all our A&E attendances.

Overall the data quality for this indicator is good. All attendances should have a start and end time recorded. Further analysis needs to be done to verify the longest time in department

# Time from arrival to start of full initial assessment[6] for all patients arriving by ambulance

*Aim: To reduce the clinical risk associated with the time the patient spends unassessed in A&E*



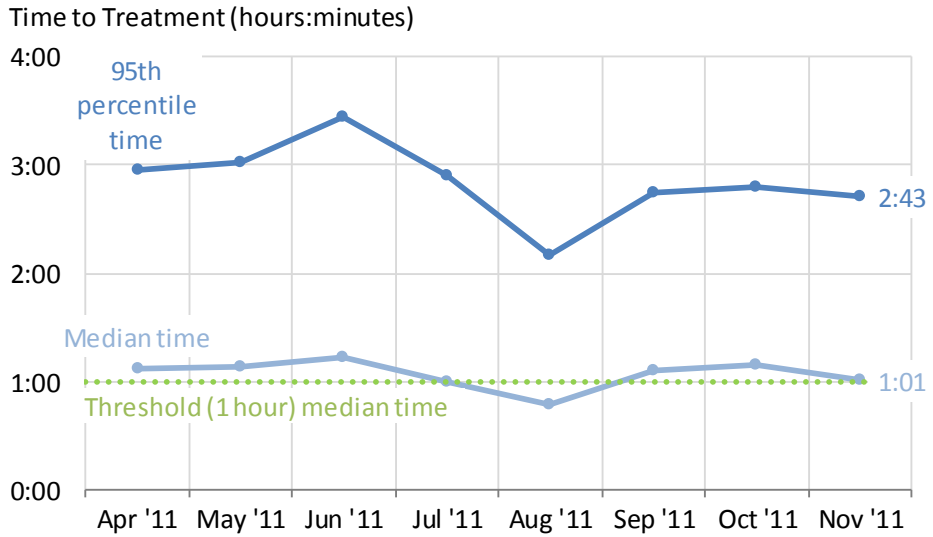

In July 2011 the 95th percentile time for time to initial assessment (for ambulance arrivals) in England was calculated as 1 hour 3 minutes[4]. In common with many trusts we have only been routinely recording and sending data on the initial assessment time since April 2011, therefore benchmarking data for this indicator should be treated with caution.

In November we had 2,291 A&E patients arriving by ambulance, this represents 33% of all our A&E attendances.

Overall the data quality for this indicator is fairly good, although 24 ambulance attendances (1.0%) had no initial assessment time recorded. Further analysis needs to be done to verify the longest time to initial assessment.

# Time from arrival to see a decision making clinician[7]

*Aim: To reduce the clinical risk and discomfort associated with the time the patient spends before their treatment begins in A&E*

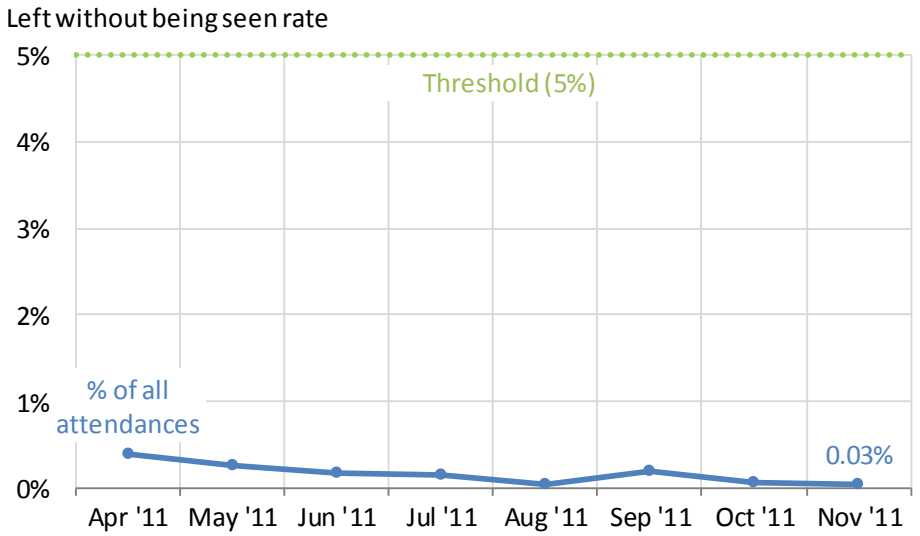



In July 2011 the median time to treatment for all A&E attendances in England was 53 minutes[4].

Overall the data quality for this indicator is fairly good. Excluding patients who left before their treatment began[8] or refused treatment, we didn't record a treatment start time on 4.4% of A&E attendances. Further analysis needs to be done to verify the longest time to treatment.

# The percentage of people who leave the A&E department without being seen

*Aim: 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*



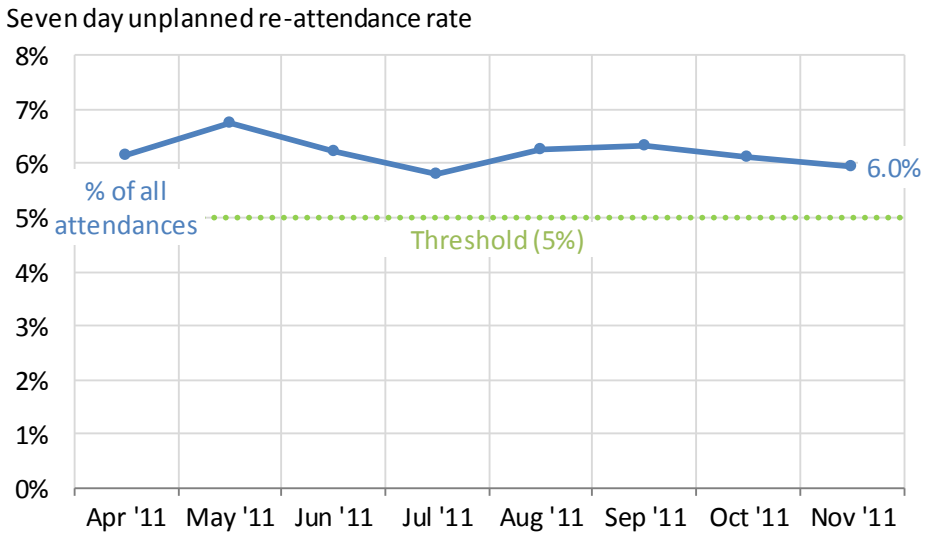

In July 2011 the rate of all A&E attendances in England who left without being seen was 3.0%[4].

Starting in April 2011 we record patients as left without being seen[9] only where they leave before their initial assessment. In November 2011 another 4.1% of our attendances were recorded with a disposal of "Call No Reply" where the patient did not complete their treatment in A&E.

Overall the data quality for this indicator is very good. All attendances should have a disposal recorded.

# Unplanned re-attendance at A&E within 7 days of original attendance[10]

*Aim: To reduce avoidable re-attendances at A&E by improving the care and communication delivered during the first attendance*




In July 2011 the 7 day unplanned re-attendance rate of all A&E attendances in England who left without being seen was 6.8%[4].

Overall the data quality for this indicator is good, although more detailed, manual investigation is required to understand the meaningfulness of this indicator.

## The number of **admissions** for cellulitis and deep vein thrombosis per head of weighted population

*Aim: To reduce avoidable hospital admissions by improving the provision of ambulatory care*

We have been working to introduce a new, ambulatory pathway for cellulitis which was launched in November 2011. This will enable us to care for low-to-medium acuity patients in their own homes, with community-delivered intravenous antibiotics and planned day attendance at the Acute Assessment Unit (AAU) adjacent to ED. We anticipate a reduction in the admission rates per 1,000 population as this pathway gathers pace. Similarly, we have reconfigured our care pathway for DVT.

### *Cellulitis*

For July to September 2011 we (as Stockport NHS Foundation Trust) admitted a total of 124 Stockport PCT patients as an emergency where cellulitis was recorded as the main reason for their admission[11]. This represents a rate of 0.56 per 1,000 head[12]. In the previous three months we admitted 116 patients (0.53 per 1,000).

Excluding the patients who went to the Acute Assessment Unit (AAU) for day treatment we admitted 93 patients for July to September (0.42 per 1,000). On the same basis we admitted 112 (0.51 per 1,000) in the previous three months.

Stockport NHS Foundation Trust is the provider of about 78% of Stockport PCT's total emergency admissions, and so the Stockport PCT rate is used here as a proxy measure. Nationally in 2009/10, the median rate for PCTs for admissions for cellulitis was 1.20 per 1,000 head[13].

### *Deep vein thrombosis*

In the same period we admitted 38 patients for deep vein thrombosis[11] as an emergency in total from Stockport PCT. This represents a rate of 0.17 per 1,000 head[12]. The total emergency admissions for the previous quarter were 30 (0.14 per 1,000).

When we take out the day admissions to AAU for deep vein thrombosis, the number of admissions for July to September was 14 (0.06 per 1,000). On this basis we had 30 admissions (0.14 per 1,000) for April to June.

Nationally in 2009/10, the median rate for PCTs for admissions for deep vein thrombosis was 0.42 per 1,000 head[13].

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## The percentage of **A&E attendances** for cellulitis and deep vein thrombosis that end in admission

*Aim: To reduce avoidable hospital admissions by improving the provision of ambulatory care*

We expect to see this conversion rate reduce as ambulatory pathways take effect through winter 2011. It should be noted, however, that a proportion of patients will always require admission for the clinical effects of cellulitis and DVT.

### *Cellulitis*

For July to September 2011 we made a diagnosis of cellulitis during an A&E attendance on 177 patients, of which we admitted 43 (24%). In previous three months the figure was 25% (39/158).

### *Deep vein thrombosis*

In the same period we diagnosed 19 patients with deep vein thrombosis during their A&E attendances, of which we admitted 3 (16%). This was 20% (4/20) for the previous quarter.

This A&E attendance data is based on a clinical diagnosis being made in the Department; many patients may have been definitively diagnosed with these conditions after referral from the Emergency Department.

The A&E diagnosis is produced from local codes on the records of patients and will not be available on our nationally submitted data. We record up to six diagnoses for each A&E attendance, without classifying one as the main condition being treated or investigated in the A&E attendance.

## 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

*Aim: To improve the experience of patients who use A&E services and their carers*

We are committed to meaningful and regular engagement with the community we serve in relation to A&E services at Stockport NHS Foundation Trust. The inaugural meeting of a new user group will take place in November. With representation from our key populations – children, the elderly, those with complex medical needs, and those with alcohol and mental health challenges. In future reports we will describe the outcomes of our group meetings, and also the results of regular user surveys.

We are entering the busy winter period and hope to publicise some key health messages to our population to help optimise their use of services. We advise them to ensure that over the counter cough and cold remedies are in stock. People must consider the most appropriate services for flu, coughs, colds and upset stomachs, ensuring they self-care where this is appropriate and use services such as their local pharmacy or NHS direct to help.

## The percentage of patients presenting at type 1 and 2 (major) A&E departments in certain high-risk patient groups[14] who are reviewed by an emergency medicine consultant before being discharged

*Aim: To improve clinical processes and outcomes and reduce the risk patients are exposed to*

This indicator is to be measured using an audit managed by the **College of Emergency Medicine**.

Further information on consultant sign-off should be available in the next few months.

Notes for report

[1] 95th percentile time – 95% of A&E attendances were seen within this time. 50% for median time.
[2] Time to Initial Assessment for patients arriving by ambulance only
[3] Unplanned re-attendance at A&E within 7 days of original attendance
[4] **Benchmarking data** from the Department of Health Urgent & Emergency Care team based on data submitted by NHS provider Trusts. Technical issues in submitting the data will affect slightly our performance as calculated in the benchmarking data.
[5] A technical issue means some attendances will be classified as "unplanned" follow-ups when the data is submitted to other organisations.
[6] Full initial assessment, which includes a pain score and early warning score
[7] Someone who can define the management plan and discharge the patient. Recorded nationally as "A&E Time Seen for Treatment".
[8] Patients recorded locally with attendance disposal "Left Before Initial Assessment" or "Call No Reply"
[9] Patients recorded nationally with attendance disposal of "Left department before being treated" (code 12)
[10] Including if referred back by another health professional
[11] Primary diagnosis of first finished consultant episode, with an emergency method of admission. Includes, for example, emergency GP admissions, not just admissions via A&E.
[12] Stockport PCT's Unified weighted population for 2011/12 is 281,645, the denominator used is 78% of this.
[13] Benchmarking data from **A&E Clinical Quality Indicators Implementation Guidance**
[14] 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