Stockport NHS
NHS Foundation Trust

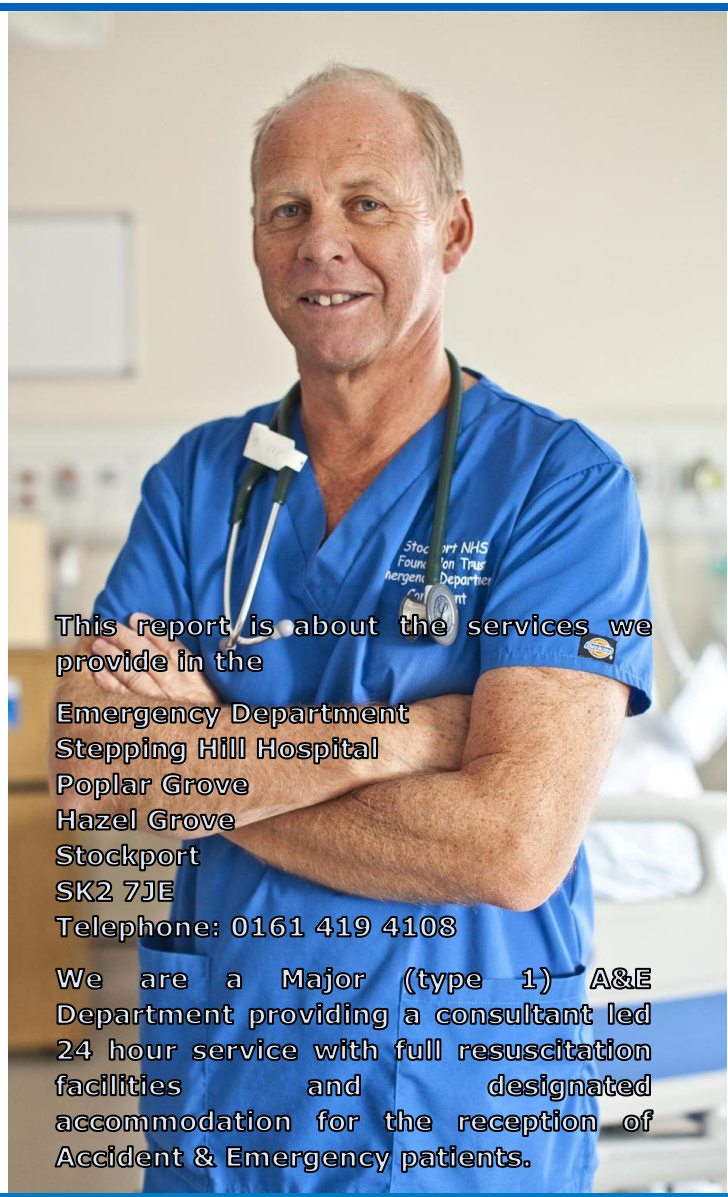
ACCIDENT & EMERGENCY
CLINICAL QUALITY INDICATORS

These indicators were introduced in April 2011 to present a comprehensive and balanced view of the care delivered by A&E departments, and accurately reflect the experience and safety of patients, and the effectiveness of the care they receive. Data from all acute NHS Trusts are calculated and published by the Health and Social Care Information Centre[1], usually with a three-month delay.

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[2], 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[3] – November 2012

Indicator	measure	threshold	actual	attendances[4]	more detail
Total time in A&E	95th percentile time[5]	4 hours	4:34	7,178	page 2
for admitted patients	*95th percentile time*		*5:48*	*2,000*	page 3
for non-admitted patients	*95th percentile time*		*3:56*	*5,178*	page 3
Time to Initial Assessment	95th percentile time	15 mins.	0:25	2,442	page 4
Time to Treatment	median time	1 hour	1:04	6,654	page 4
Left without being seen	percentage	5%	3.7%	269	page 5
Unplanned re-attendance rate	percentage	5%	5.8%	415	page 5
Ambulatory care	information on cellulitis & deep-vein thrombosis				page 6



This report is about the services we provide in the

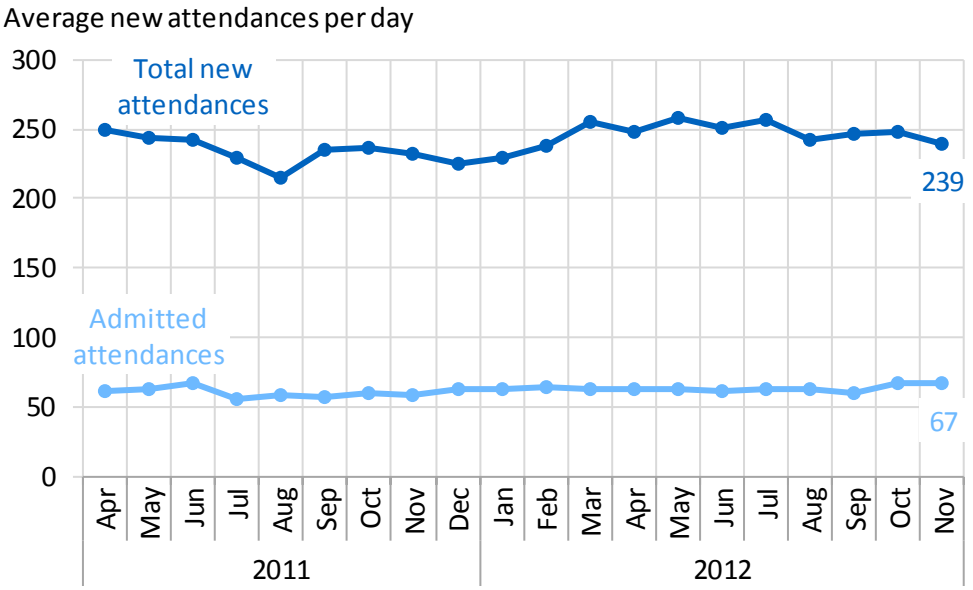
Emergency Department
Stepping Hill Hospital
Poplar Grove
Hazel Grove
Stockport
SK2 7JE
Telephone: 0161 419 4108

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.

Your Health. Our Priority.

Number of patients attending the A&E department

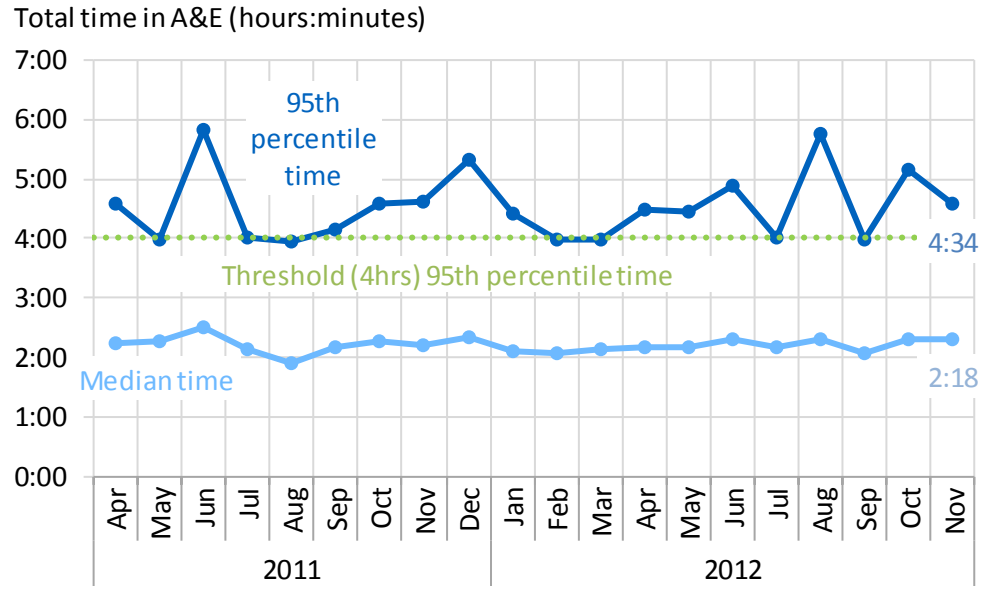
Shown here to give context to the other indicators



In November 2012 we treated 7,178 new A&E attendances[4]. We admitted 27.9% of attendances to hospital.

Total time spent in the A&E department

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



In November 2012 93.3% of patient attendances left the department within four hours.

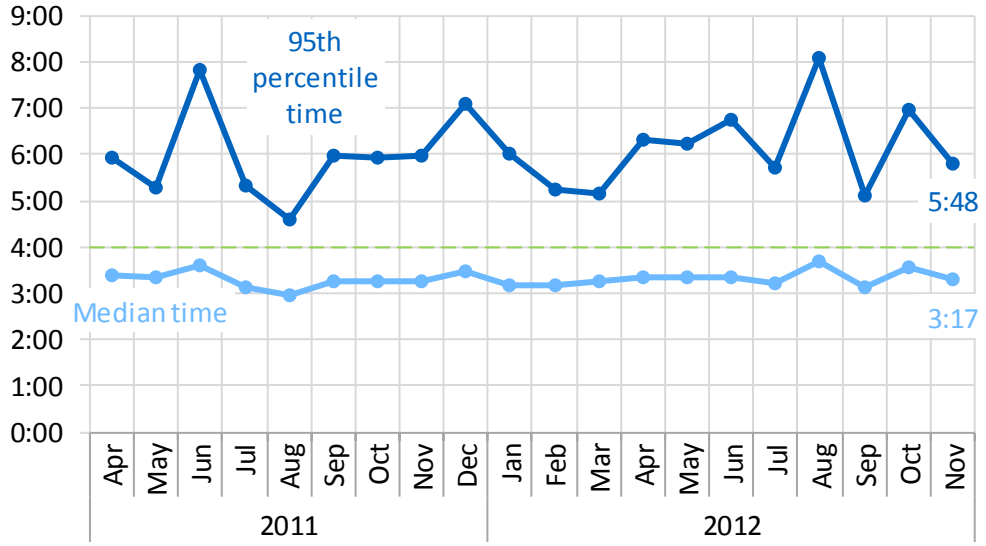
98 patients (1.4% of all new attendances) spent more than 6 hours in A&E, one patient was recorded as spending more than 12 hours in A&E.

Overall, the data quality for this indicator is good. All attendances should have a start and end time recorded. The longest time in department we recorded was 22 hours 12 minutes.

Total time spent in the A&E dept. – admitted patients

Aim: To improve the timeliness 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



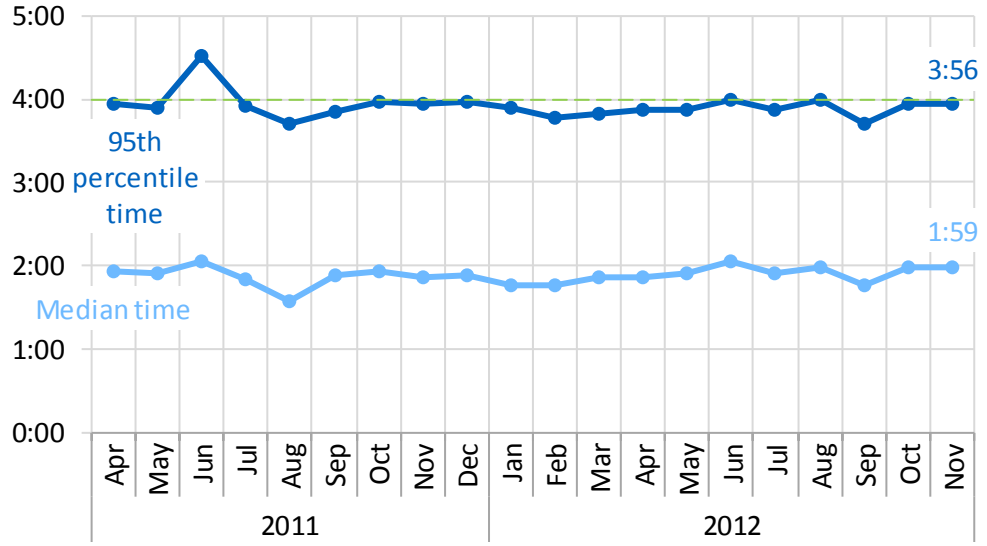
In November 2012, we admitted 27.9% of all our new A&E attendances, on average 67 per day. The longest time in the department was recorded as 22 hours 12 minutes.

The data quality for this indicator is good. We should record the start and end time, and how the patient left the department for all A&E attendances. Patients recorded as admitted to hospital include those going to assessment units.

Total time spent in the A&E dept. – non-admitted patients

Aim: To improve the timeliness 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

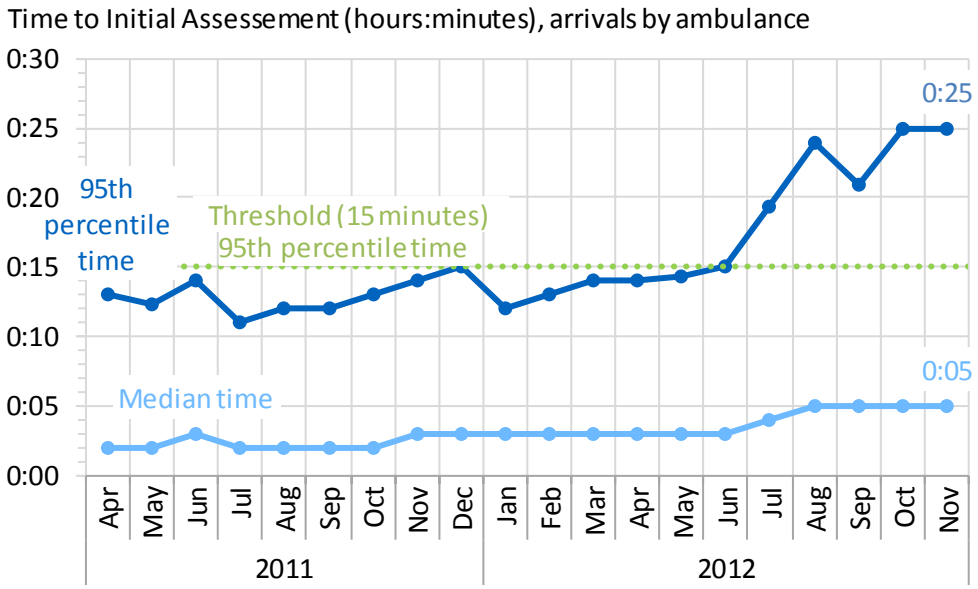


In November 2012 72.1% of all our new A&E attendances were not admitted to a Stockport NHS Foundation Trust hospital, 173 per day on average. The longest time in the department was recorded as 8 hours 10 minutes.

The data quality for this indicator is good. We should record the start and end time, and how the patient left the department for all A&E attendances.

Time to initial assessment[6] – ambulance arrivals

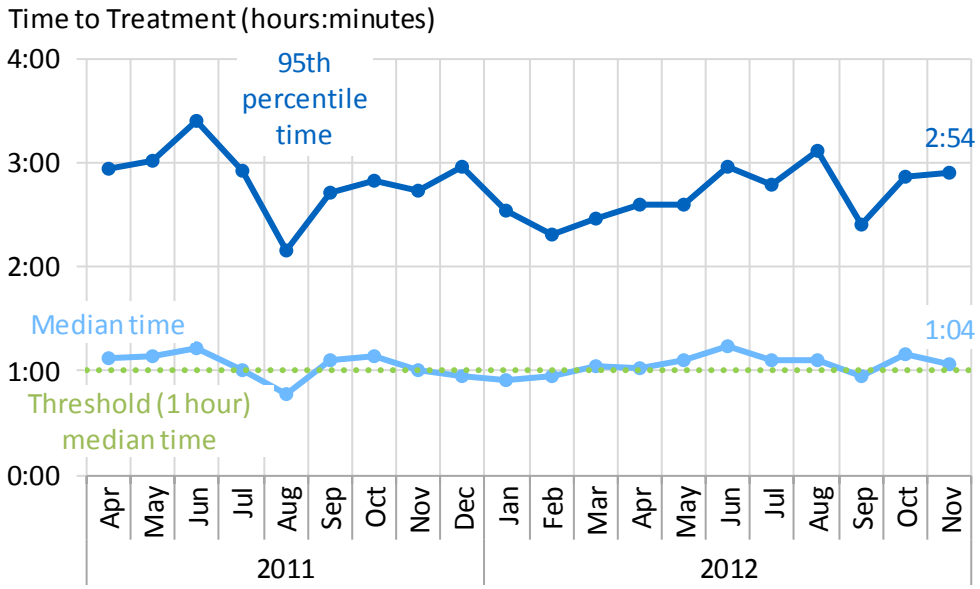
Aim: To reduce the clinical risk associated with the time the patient spends unassessed in A&E



We introduced a rapid assessment and treatment service (RATS) in July 2012 to bring a senior decision maker closer to the patient. This has improved clinical quality for our patients with more effective decisions taken and improved time to therapy including antibiotics in sepsis. Whilst achieving this improvement, it has partly contributed to an increased time overall for ambulance assessment within 15 minutes. We are currently working to resolve this in refining our overall assessment process and data recording to improve this indicator.
Data quality is average, see note 3 for further information.

Time to treatment[7]

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

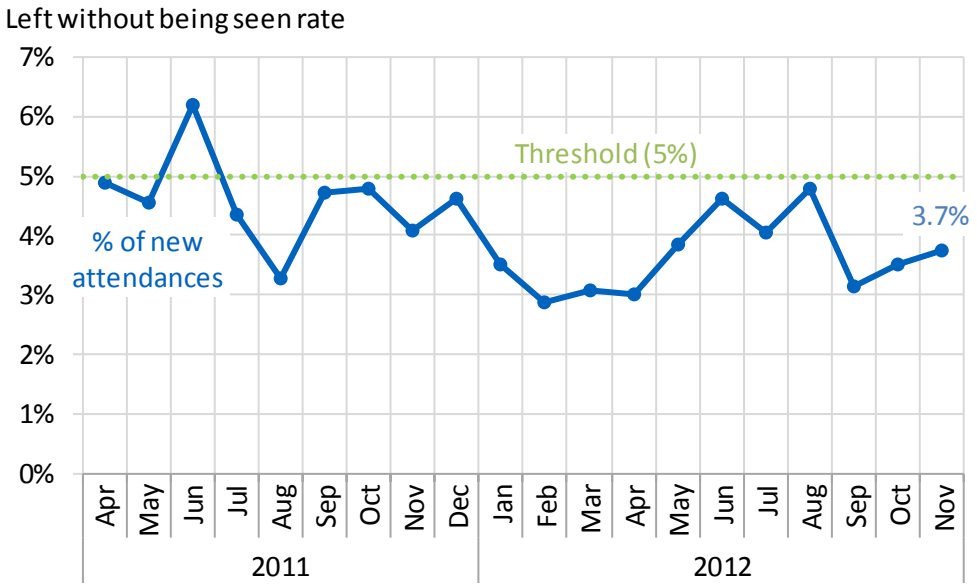


The data quality for this indicator is average. Excluding patients who left before their treatment began or refused treatment, we did not record a treatment start time on 4.7% of A&E attendances in November 2012.

The longest recorded time to treatment was 5 hours 17 minutes.

Left department before being seen for treatment

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

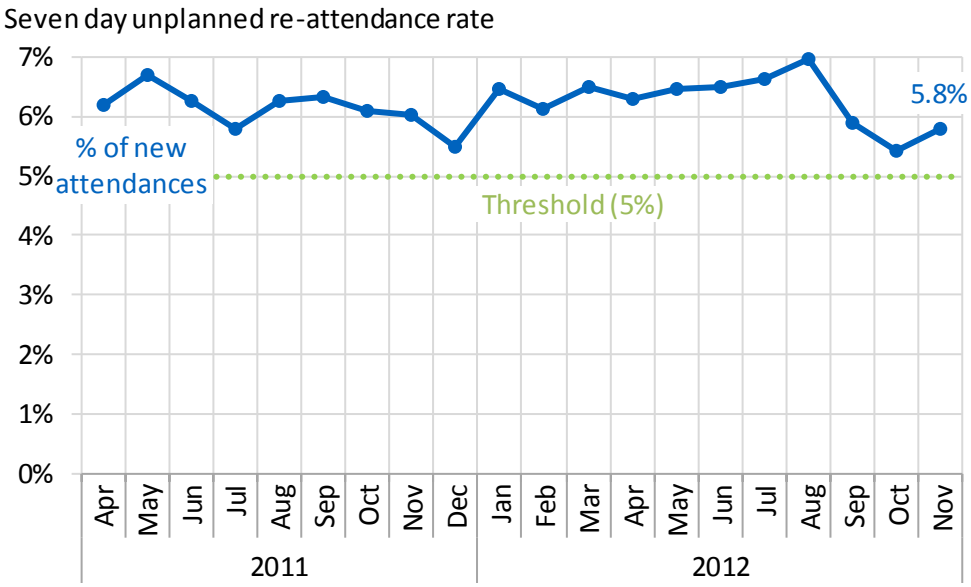


Please note that the data shown above includes patients who left the department before their treatment was completed.

Between April 2011 and October 2012, we officially submitted in this category only patients who left before their initial assessment. This will cause a difference between the data reported here, and available nationally[1] until November 2012.

Unplanned re-attendance at A&E within seven days

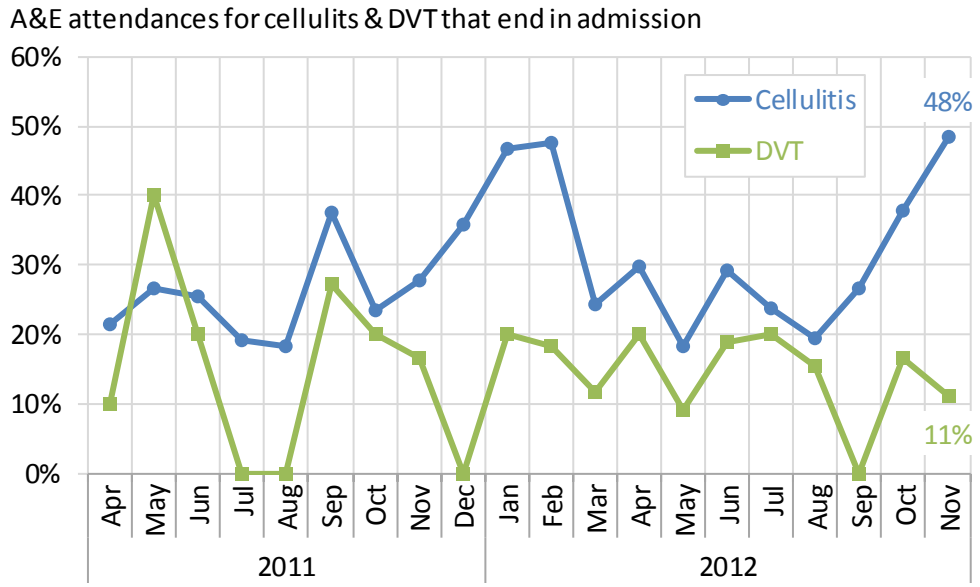
Aim: To reduce avoidable re-attendances at A&E by improving the care and communication delivered during the first attendance



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

A&E attendances for cellulitis & DVT that end in admission

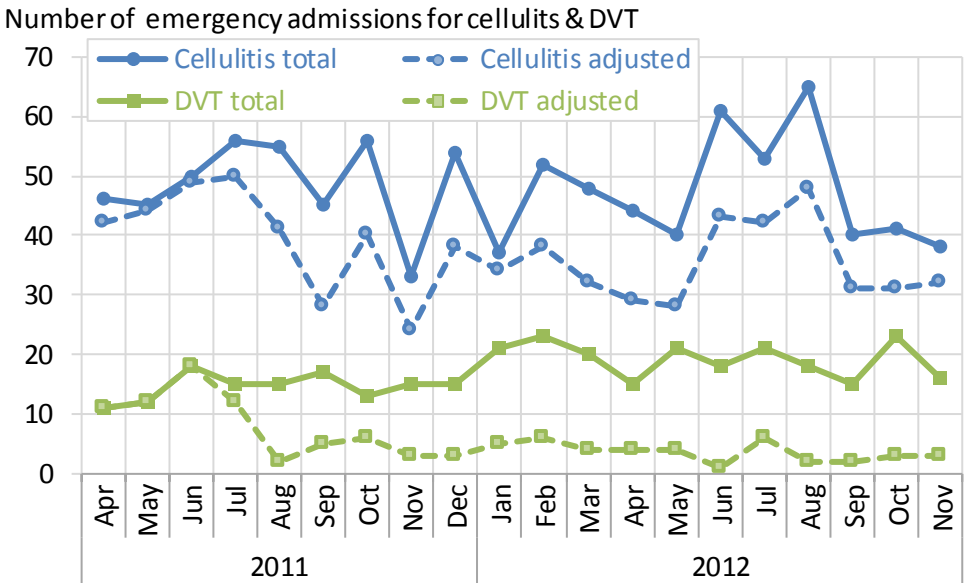
Aim: To reduce avoidable hospital admissions by improving the provision of ambulatory care



Please note, these A&E attendance data are based on the clinical diagnosis made in and recorded by the Emergency Department[8]; many patients may have definitively diagnosed with these conditions after referral from the Emergency Department.

Admissions for cellulitis and deep vein thrombosis (DVT)[9]

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



As the intention of these ambulatory care indicators is to measure the delivery of acute care where it is feasible without requiring an admission for overnight stays in hospital, we have adjusted the data to *exclude* where we provide patient care in our Ambulatory Care Unit[10] without the patient staying overnight (the dotted lines on the chart above).

In the chart above we show the *number* of patients recorded as emergency admissions; the indicator was originally a *rate per weighted head of population* at PCT level[11].

Information on the two remaining original quality indicators:

Service experience

We are committed to meaningful and regular engagement with the community we serve in relation to A&E services at Stockport NHS Foundation Trust.

We have a user group with representation from our key populations – children, the elderly, those with complex medical needs, and those with alcohol and mental health challenges. We conduct an Emergency Department User survey to gain insight into the patient experience in association with Picker Institute Europe.

Consultant sign-off

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

We are not currently engaged as a beacon audit site with the College, but are open to invitation to function as such a site.

For further information, please contact Mr Darren Kilroy – Clinical Director, or Richard Brownhill – Unscheduled Care Lead[12]

Published on 18 December 2012

Notes

[1] Provisional Accident and Emergency Quality Indicators - England, Experimental statistics by provider http://www.ic.nhs.uk/searchcatalogue?q=%22Accident+and+Emergency+Quality+Indicators%22&area=&size=10&sort=Most+recent

[2] A&E clinical quality indicators: Implementation guidance and data definitions http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122868

[3] A more detailed table with data for previous months is available from our website http://www.stockport.nhs.uk/websitedocs/Stockport_NHSFT_AE_CQIdata.csv

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

[5] 95th percentile time – 95% of A&E attendances were seen within this time. 50% for median time.

[6] Time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patients arriving by emergency ambulance

[7] Time from arrival to start of definitive treatment from a decision-making clinician (someone who can define the management plan and discharge the patient)

[8] The A&E diagnosis is recorded using local codes on the records of patients and is not available from 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

[9] Admissions selected by primary diagnosis of the first finished consultant episode, with any emergency method of admission (not just via A&E).

[10] Adjusted data excludes patients who we admitted to the Ambulatory Care Unit or Medical Assessment Unit (MAU) and discharged on the same day from the same unit. This is our preferred treatment pathway for ambulatory conditions.

[11] Data for Stockport PCT patients only are provided in the data table in note 3 above. In 2011/12 Stockport PCT's Unified weighted population was 281,645, 78% of this was used as the denominator (our proportion of Stockport PCT's emergency admissions).

[12] Darren.Kilroy@stockport.nhs.uk or Richard.Brownhill@stockport.nhs.uk