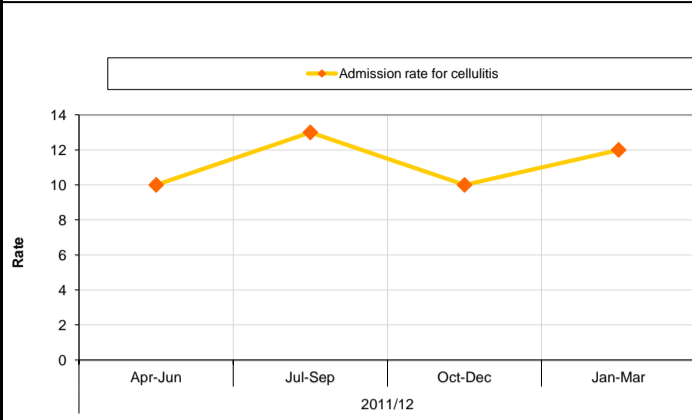


Accident & Emergency Department Clinical Quality Indicators - Solihull Hospital

Ambulatory Care

Cellulitis Admission Rate



Rationale

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

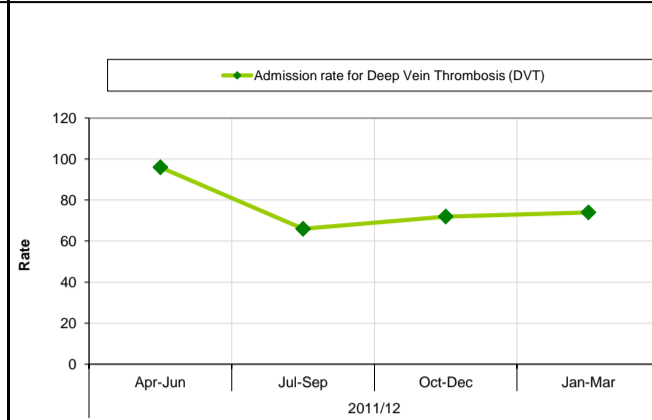
Ambulatory care is clinical care for urgent conditions, which may include diagnosis, observation, treatment and rehabilitation that are not provided within the traditional hospital bed base or within traditional outpatient services.

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.

Narrative
The Emergency Department (ED) at Solihull does not receive any patients by ambulance, patients calling an ambulance with a medical emergency go to the acute medical unit directly. This is the reason why so few patients are admitted via the ED.

12% This quarter (cellulitis)

DVT Admission Rate



Rationale

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

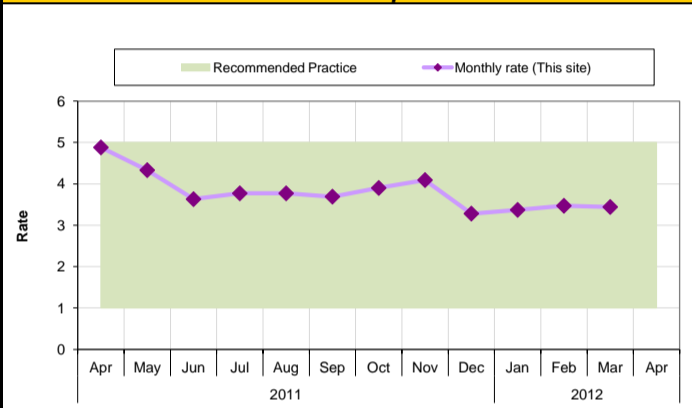
Ambulatory care is clinical care for urgent conditions, which may include diagnosis, observation, treatment and rehabilitation that are not provided within the traditional hospital bed base or within traditional outpatient services.

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.

Narrative
All patients who present to the Solihull ED with a suspected DVT have to be referred to the acute medical team hence the apparent high admission rate. A number of patients self present with this type of condition rather than calling an ambulance and going directly to the acute medical unit (AMU). At Solihull 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.

74% 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 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.

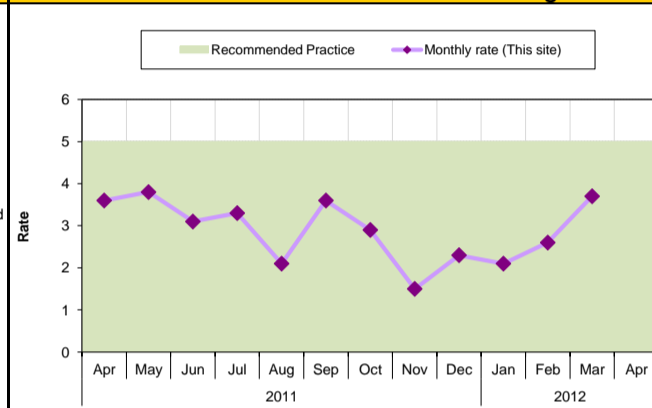
The optimum re-attendance is *not zero*. Patients may be expected to re-attend if their conditions unavoidably worsens, or if they re-attend for unrelated conditions.

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.

3.4% Rate this month
Worse 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.

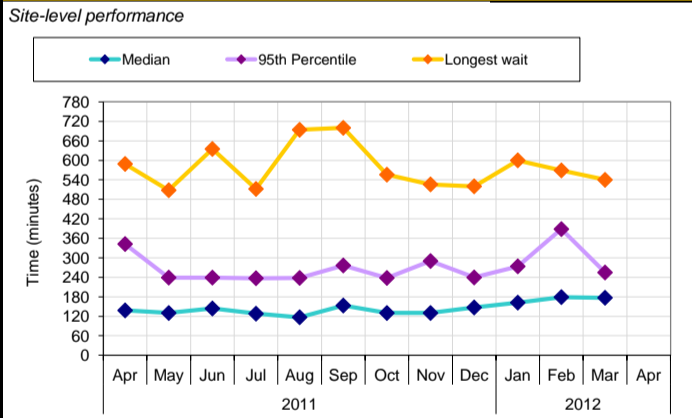
Patients who decide to leave the A&E department after they have been initially received, but before being seen by a clinical decision maker, may have health conditions that will deteriorate without treatment.

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

Narrative
Solihull continues to perform within what is recommended practice

3.7% Rate this month
Worse Compared to last month
Data quality

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



Rationale

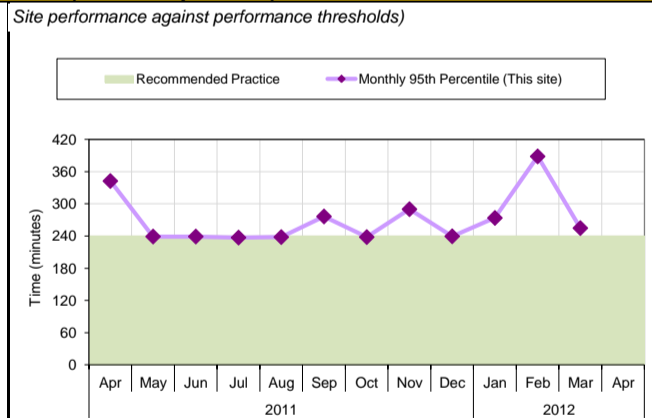
The aim is to improve the timeliness and monitoring of care to ensure patients do not have excessive waits in A&E before being admitted.

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.

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 actually getting a bed within the Acute Medical Unit. Solihull like the other sites was challenged during winter time however the position is now much improved from March



Bottom Line

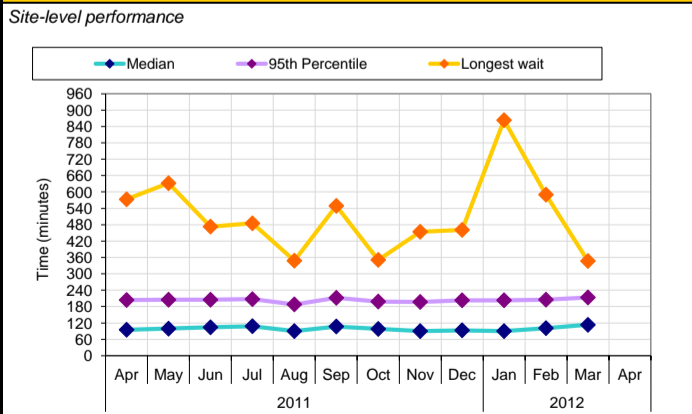
- Excessive total time in the A&E is linked to poor outcomes, but decreasing delays must not be confused with faster care
- Clinical advice suggests that a 95th percentile wait above four hours is not good practice
- The single longest wait should be no more than six hours

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 significant few, in simple terms it looks at what happened for 95% of patients.

254.75 95th percentile this month
Improved Compared to last month
Data quality

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



Rationale

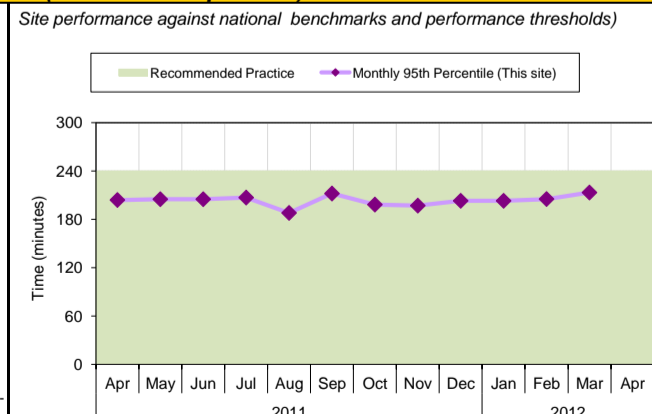
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Longer lengths of stay in the emergency department are associated with poorer health outcomes and patient experience as well as transport delays, treatment delays, ambulance diversion and patients leaving without being seen.

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.

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.



Bottom Line

- Excessive total time in the A&E is linked to poor outcomes, but decreasing delays must not be confused with faster care
- Clinical advice suggests that a 95th percentile wait above four hours is not good practice
- The single longest wait should be no more than six hours

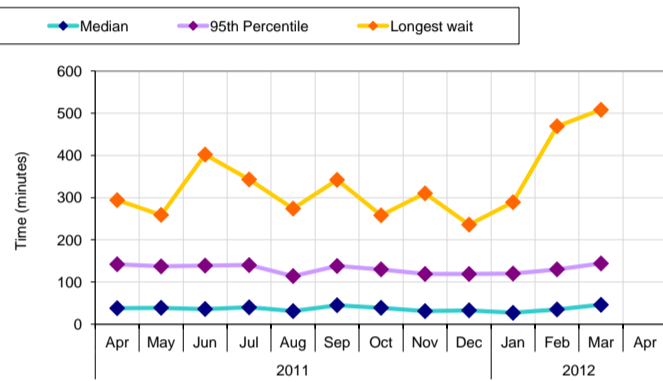
The median is the middle time, so half the patients waited less and half of the patients waited more.

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

213.3 95th percentile this month
Worse Compared to last month
Data quality

Time to Treatment in A&E

Site-level performance



Rationale

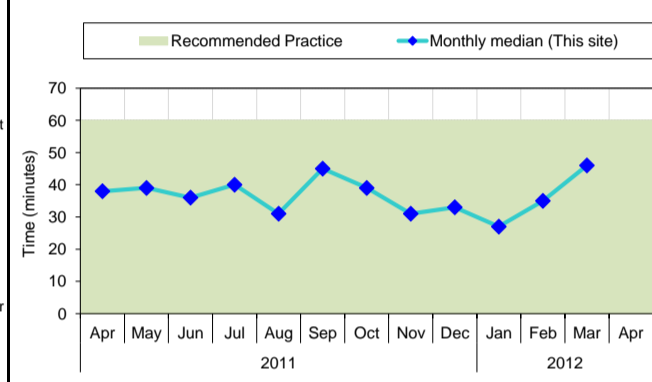
Time from arrival to see a decision making clinician (someone who can define the management plan and discharge the patient).

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 of 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 significant few, in simple terms it looks at what happened for 95% of patients.

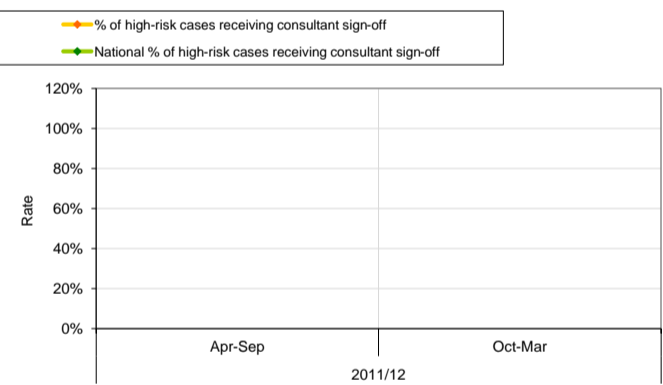
Narrative
This indicator reports the time from arrival to being seen by a clinician. As the departments become less crowded with patients waiting for beds our clinicians are able to see the new patients more quickly.

46	Median this month
Worse	Compared to last month
	Data quality

Consultant Sign-off

Overall Summary of performance

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.

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. We continue to develop a very robust re-attending programme with our partners and internally are focused on the quality of our data.

Narrative
HEFT has participated in the College of Emergency Medicine audit into the three conditions which this particularly CQI reviews. The college audit is more extensive than the one mandated from the DoH, the hospital trust mirrors the national average with 12% of patients reviewed by consultants.

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