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 requiring an overnight stay. The optimum re-attendance is not zero. Patients may be expected to re-attend if their condition unavoidably worsens, or if they re-attend out of concern, or if they require further investigations or reassessment. Performance data is gathered to ascertain what factors are influencing this.

To manage the re-attending group of patients we have convened a multidisciplinary group consisting of ED decision makers, ED managers, and critical care medical colleagues to fully review each patient’s case management to ensure that patients do not require re-attendance for overnight stays in hospital.

Site-level performance against national benchmarks

<table>
<thead>
<tr>
<th>Site</th>
<th>Median</th>
<th>95th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3.5</td>
<td>4.5</td>
</tr>
<tr>
<td>B</td>
<td>4.0</td>
<td>5.0</td>
</tr>
<tr>
<td>C</td>
<td>3.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Accident & Emergency Department Clinical Quality Indicators - Heartlands Hospital

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis Admission Rate</td>
<td>31%</td>
</tr>
<tr>
<td>DVT Admission Rate</td>
<td>37%</td>
</tr>
<tr>
<td>Unplanned re-attendance</td>
<td>2%</td>
</tr>
<tr>
<td>Last without being seen</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Data quality

- Recommended Practice
- Monthly (This site)
- Monthly rate (This site)

The aim is to reduce avoidable hospital admissions by improving the provision of ambulatory care. It is important to note that re-attendance is a complex indicator and reflects a variety of factors such as patient management and discharge processes, the patient's condition and the availability of inpatient beds.

Accompanying guidance on performance thresholds

1. Excessive total time in A&E is linked to poor outcomes, but decreasing delays must ensure patients receive the right care first time. Monitoring the median, 95th percentile and 90th percentile wait above four hours is not good practice.
2. Clinical advice suggests that a 95th percentile wait above four hours is not good practice. The longer the wait, the less likely patients are to be discharged from the hospital.
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 the time to the start of treatment should be no more than 60 minutes. 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 assessing the length of treatment times (minutes) for appropriate ongoing care and embedding the "Rapid Assessment and Treatment" systems will reduce the wait for initial assessment could indicate the type of care received. The College of Emergency Medicine has issued a standard for risk assessment for the operations area of A&E which is expected.

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

*Febrile children less than 1 year old
*Patients making an unscheduled return visit

**Rationale**
The aim is to reduce the clinical risk associated with the time to the start of treatment which is critical for the patient to avoid life threatening outcomes. The CEM has stated that for 95% of patients, within 30 minutes of arrival, but this may be longer for the more serious cases.

- The delay in the A&E department is excessive but not of the same concern of other indicators. Expert clinical opinion suggests that 20% of patients should be assessed within 20 minutes of arrival and 80% within 60 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 assessing the length of treatment times (minutes). The 95th percentile is a method of assessing the length of treatment times (minutes). The 95th percentile is a method of assessing the length of treatment times (minutes) for appropriate ongoing care and embedding the "Rapid Assessment and Treatment" systems will reduce the wait for initial assessment could indicate the type of care received. The College of Emergency Medicine has issued a standard for risk assessment for the operations area of A&E which is expected.

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