## Ambulatory Care

### Proportion of Attendances who are Admitted

- **% A&E Admissions with diag Cellulitis**
- **% A&E Admissions with diag DVT**

### Description of Data

This data shows 2 ambulatory conditions (cellulitis and DVT) that are admitted to hospital.

### Data in Development (query over per weighted head of population)

- **28.1% This Quarter (Cellulitis)**
- **18.3% This Quarter (DVT)**

### Threshold

- **10 - 40%**
- **< 10%**

### Narrative

The A&E department are constantly achieving this standard and are developing new protocols to support other ambulatory conditions which will support care in the home for our patients. These two conditions should be managed in community but sometimes we admit due to comorbidities and bilateral condition.

### Unplanned re-attendance

<table>
<thead>
<tr>
<th>Rate</th>
<th>Oct 14</th>
<th>Nov 14</th>
<th>Dec 14</th>
<th>Jan 15</th>
<th>Feb 15</th>
<th>Mar 15</th>
<th>Apr 15</th>
<th>May 15</th>
<th>Jun 15</th>
<th>Jul 15</th>
<th>Aug 15</th>
<th>Sep 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>% UNPLANNED REATTENDANCE</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Description of Data

This data shows 2 ambulatory conditions (cellulitis and DVT) that are admitted to hospital.

### Unplanned Re-Attendance Rate

- **4.04% Rate Month**

### Left without being seen

<table>
<thead>
<tr>
<th>Rate</th>
<th>Oct 14</th>
<th>Nov 14</th>
<th>Dec 14</th>
<th>Jan 15</th>
<th>Feb 15</th>
<th>Mar 15</th>
<th>Apr 15</th>
<th>May 15</th>
<th>Jun 15</th>
<th>Jul 15</th>
<th>Aug 15</th>
<th>Sep 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>% DID NOT WAIT</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Description of Data

This data shows where patients do not wait for assessment and treatment. It may be reflective of a busy department where don't want to wait and prefer to go in other health care facility.

### Narrative

Many patients return to the A&E department with conditions that are unrelated to their previous attendance or they use A&E as an alternative to other services when they are unavailable or A&E is more convenient. There are six review clinics in A&E now to see all planned attendances. An audit is being conducted to see the nature of re-attendance and if there any trend which we can improve on.

### Rate Month

- **% A&E Admissions with diag Cellulitis**
- **% A&E Admissions with diag DVT**

### Narrative

The A&E department was consistently achieving this standard.

### Data in Development (query over per weighted head of population)

- **28.1% This Quarter (Cellulitis)**
- **18.3% This Quarter (DVT)**

### Threshold

- **10 - 40%**
- **< 10%**

### Narrative

The A&E department are constantly achieving this standard and are developing new protocols to support other ambulatory conditions which will support care in the home for our patients. These two conditions should be managed in community but sometimes we admit due to comorbidities and bilateral condition.
Total time in the A&E department (admitted patients)

**Narrative**

This data demonstrates that a high percentage of patients who require admission to a bed do so within 4 hours of arriving in A&E. Occasionally patients may require a longer period of stabilisation before they are safe to transfer from A&E or the patient may have to wait for a decision from another department. In times of pressure occasionally patients spend longer periods in the department due to availability of appropriate bed capacity within the main hospital or at another specialist hospital. Admission and discharge processes are continuously under review to support smooth and safe flow from A&E. Breach analysis has demonstrated the main cause of the reduction in A&E performance was due the inpatient bed capacity not being available at the right time.

**Site Level Performance**

- Admitted Median
- Admitted 95th
- dd:hh:mm

**Description of Data**

This data shows the median time that patients waited for admission, the longest waiters and the 95th percentile.

**Site performance against national benchmarks and performance**

- Threshold
- Admitted 95th

**Description of Data**

This data shows the Trusts performance compared to the national benchmarks and performance.

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

**Narrative**

Though the Trust is within National standard the aim is to see and discharge within two hours. A large number of patients are being discharged before the national standard of four hours. Early decision making by a senior clinician in this respect will improve the performance. Consultant presence has increased within A&E and The Trusts is expecting to see improvement with this standard.

**Site Level Performance**

- Non-Admitted Median
- Non-Admitted 95th
- dd:hh:mm

**Description of Data**

This data shows the median wait, the longest wait and the 95th percentile of non-admitted patients in A+E.

**Site performance against national benchmarks and performance**

- Threshold
- Non Admitted 95th

**Description of Data**

This data shows the Trusts performance compared to the national benchmarks and performance.
**Time to initial assessment in A&E**

**Narrative**
The Trust was consistently achieving this standard but in the month of December we failed to achieve the desired standards due to long waiting times in A&E. The problem was capacity inside the hospital.

**Description of Data**
Time of arrival from the start of full initial assessment. This data shows the median and longest triage wait and the 95th percentile.

**Site Level Performance**

**Site performance against national benchmarks and performance**

**Description of Data**
Time from arrival to the start of definitive treatment for patients within A&E. This data shows the Trust's median performance compared to the target.

**Time to Treatment in A&E**

**Narrative**
The Trust has seen slight improvement in the month of July. The 'Pit Stop' which is a bay that enables early clinical assessment continues to work well however the Trust has seen an increase in ambulance attendances which when several arrive at the same time can slow the process down. The department is exploring the need for a second pit stop to support immediate assessment of patients, to this additional nurses and doctors are being recruited. This indicator is very important and by achieving this the Trust will also improve standards of administering important early treatment such as pain killing drugs and antibiotics.

**Description of Data**
Time from arrival to the start of definitive treatment for patients within A+E. This data shows the 95th percentile.

**Site Level Performance**

**Site performance against national benchmarks and performance**

**Description of Data**
Time from Arrival to the start of definitive treatment for patients within A+E. This data shows the Trust's median performance compared to the target.
### Service Experience

<table>
<thead>
<tr>
<th>Rate Month</th>
<th>Compared to Last Month</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- We need to understand that these are not A&amp;E indicators but they are quality indicators for the whole trust.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We knew that we are not performing up to the national standards on giving analgesia to our patients as well as antibiotics especially for sepsis and chest infection. Last audit on our MEWS scores also showed that we are not assessing patients within 20 minutes of arrival.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In our last audit meeting the audits on MEWS score and Analgesia for fracture neck of femur showed tremendous improvement since the introduction of PIT STOP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- These indicators have only started in April 2011. We are already ahead of many hospital in the north west in achieving these indicators. We can take a lead in the north west and become a role model for the other hospitals of the region.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- We were declared the best performing trust for our four hour target in the month of July 2010. Now we are second best in the region. It took us many years to achieve this but let us make this happen by the end of this year for our quality indicators.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- It needs a team approach. We in A&amp;E need help and support from the other specialities to achieve these quality indicators.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- There is a very strong will in the ED staff that we achieve these indicators as all of us are convinced that it will improve patient care in our department.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Still we are far from achieving these indicators but part of the problem is that we are not capturing the data accurately which needs to be addressed.</td>
</tr>
</tbody>
</table>

### Consultant Sign Off

<table>
<thead>
<tr>
<th>Overall Summary of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Data</td>
</tr>
<tr>
<td>- We need to understand that these are not A&amp;E indicators but they are quality indicators for the whole trust.</td>
</tr>
<tr>
<td>- We knew that we are not performing up to the national standards on giving analgesia to our patients as well as antibiotics especially for sepsis and chest infection. Last audit on our MEWS scores also showed that we are not assessing patients within 20 minutes of arrival.</td>
</tr>
<tr>
<td>- In our last audit meeting the audits on MEWS score and Analgesia for fracture neck of femur showed tremendous improvement since the introduction of PIT STOP.</td>
</tr>
<tr>
<td>- These indicators have only started in April 2011. We are already ahead of many hospital in the north west in achieving these indicators. We can take a lead in the north west and become a role model for the other hospitals of the region.</td>
</tr>
<tr>
<td>- We were declared the best performing trust for our four hour target in the month of July 2010. Now we are second best in the region. It took us many years to achieve this but let us make this happen by the end of this year for our quality indicators.</td>
</tr>
<tr>
<td>- It needs a team approach. We in A&amp;E need help and support from the other specialities to achieve these quality indicators.</td>
</tr>
<tr>
<td>- There is a very strong will in the ED staff that we achieve these indicators as all of us are convinced that it will improve patient care in our department.</td>
</tr>
<tr>
<td>- Still we are far from achieving these indicators but part of the problem is that we are not capturing the data accurately which needs to be addressed.</td>
</tr>
</tbody>
</table>