A&E Clinical Quality Indicators
April 2016
Ambulatory Care

Proportion of Attendances who are Admitted

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

Unplanned Re-attendance

Left without being seen

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.

Narrative
The A+E department was consistently achieving this standard.

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 to see if there is any trend which we can improve on.
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 to inpatient bed capacity not being available at the right time.

Description of Data

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

**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.

**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.

**Time to Treatment in A&E**

**Description of Data**
Time from arrival to the start of full initial assessment. This data shows the median performance compared to the target.

**Narrative**
The Trust has seen slight improvement in the month of July. The 'Pit Stop' which is bay that enables early clinical assessment continues to work well however the Trusts 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 pitstop 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 Trusts will also improve standards of administering important early treatment such as pain killing drugs and antibiotics.
### Service Experience

<table>
<thead>
<tr>
<th>Rate Month</th>
<th>Rate Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Consultant Sign Off

#### Overall Summary of Performance

**Description of Data**

- We need to understand that these are not A&E indicators but they are quality indicators for the whole trust.
- 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.
- 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.
- 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.
- 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.
- It needs a team approach. We in A&E need help and support from the other specialities to achieve these quality indicators.
- 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.
- Still we a far from achieving these indicators but part of the problem is that we are not capturing the data accurately which needs to be addressed.

**Narrative**

- Compared to Last Month

<table>
<thead>
<tr>
<th>Rate Month</th>
<th>Rate Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Wrightington, Wigan and Leigh NHS*