Lay Guide to A&E clinical quality indicators

The most obvious thing we all notice if we have to attend an accident and emergency department is the time we have to wait to be seen. Delays in receiving the care we need are made worse by the anxiety of the situation and not knowing whether our problem is serious. But we also want to have the best care possible and to get everything sorted on the first visit. We appreciate that sometimes doctors and nurses have to concentrate on the most seriously ill patients but it is important that all departments can cope with all unexpected patients who go to A&E.

We are publishing a new set of A&E clinical quality indicators, which aim to provide you with the information that you need to be able to see the quality of care being delivered by A&E departments, minor injuries units and walk-in centres. These indicators will be published each month and will be available for each individual A&E site. There will be information available to allow you to compare your A&E with other similar A&Es. The set of indicators is designed to give a comprehensive picture of the quality of care but if you have views on the care you have received then please do contact the A&E's Patient Advice and Liaison Service; A good department is always keen to hear about suggestions for improvements in care.

But the A&E clinical quality indicators are not just about providing information. They aim to encourage discussion and debate amongst doctors and nurses, NHS managers and commissioners, and the general public about how good the care being provided locally is and how it can be improved.

Eight clinical quality indicators will be measured from April 2011. How each of these specific indicators will improve your care is set out below.

Ambulatory care conditions indicator – many conditions that previously needed hospital admission can now be treated at home; including sometimes after admission for a few hours for some diagnostic tests. Hospitals will be publishing how many cases of clots in the leg (deep vein thrombosis or DVT) and skin infections (cellulitis) they manage without *avoidable* admission to hospital. If the number admitted is high it may be because people in the area have more severe problems, but crucially it may be because the local NHS has not set up a system for looking after people more effectively and comfortably at home.

Unplanned re-attendance rate indicator – if you have to go back to A&E a second time where this was not planned it is usually because you have not got better as you expected. This may be because things were not sorted fully or explained adequately. If care is hurried then it is more likely than things get missed. Occasionally it may be due to an unexpected or a new problem. Expert clinical advices indicates that we would not expect that more than 5% of people would have to return without an appointment. However, a very low level of unexpected return visits to A&E may mean the department is admitting people who could be managed more effectively and comfortably at home.

Total time spent in the A&E department indicator – the total time until you leave A&E to either go home or to be admitted has reduced over the last few years, and it is important that this level of

performance and service is maintained. We expect that most (95%) of patients to have left A&E within 4 hours of arrival, with the only a small minority of patients kept in A&E longer than four hours where there is a clinical need. Nobody should still be in A&E six hours after arrival.

Left without being seen indicator – if people do not receive the care they need within a reasonable time they will leave and often seek care elsewhere. If more than 5% of patients leave before being seen it should raise concerns about why this is happening; ideally this rate should be as low as possible.

Service Experience indicator – many A&E departments already undertake satisfaction surveys. We are now asking them to go beyond simply reporting the results of such surveys, and to demonstrate and publish how they find out what people think of the service they offer, and how they are acting on that information to continuously improve patient care.

Time to initial assessment indicator - it is important that if you come to A&E by ambulance with a major problem then the wait from when you arrive until you first see a nurse or doctor is as short as possible, because you may need urgent treatment. Therefore most people (95%) should be seen by a nurse or doctor within 15 minutes of arrival. During this assessment you should be asked about the severity of your pain and have vital signs (such as blood pressure and temperature) measured.

Time to treatment indicator - we know that, for many conditions, your recovery will be more likely and quicker if you receive early treatment. On average you should have this full assessment and start of treatment by a doctor or specialist nurse within 60 minutes of arrival. Obviously those with the most serious illness should have care much quicker than this.

Consultant sign-off indicator - we know that, if you have a high risk condition, being seen by a more senior doctor is likely to improve your health outcome. Each A&E will look at how many patients with high-risk conditions have been seen by a senior doctor before being discharged. These are patients with chest pain not caused by injury, children under one with fever, and patients making an unexpected return visit with the same condition within 72 hours of discharge If this number is low it means the hospital should consider how to improve the way it provides its A&E service.

Your local A&E will be publishing its results on a monthly basis from now on, along with an explanation of its local circumstances to place these results in context. This will help to explain any local reasons as to why the results may be different from other hospitals, but it should also explain how it is working to continuously improve the quality of care it delivers to you.

How can you help? Giving your feedback and ideas for improvement is vital. You may want to become more involved, and the hospital website will usually tell you of opportunities to participate in patient groups. You can also help by only using the A&E service for serious emergencies; your GP can effectively deal with many urgent conditions and there may be other services, such as minor injuries services and walk-in centres, available locally that deliver high quality care. The NHS Choices web site lists the services available in your area. If you are in doubt the NHS Direct (0345 46 47) or, in some areas, the new 111 service can give you advice on where is the best place for you to receive care for your problem.

Professor Matthew Cooke
National Clinical Director
for Urgent and Emergency Care