

**AGENDA ITEM NO:**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS  
MONDAY 20 SEPTEMBER 2010**

<b>Title:</b>	<b>Quality Account Update Report</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Imogen Gray, Head of Quality Development, 4584

<b>Purpose:</b>	To provide the Board of Governors with the draft Quality Account update report for Quarter 1 2010-11, prior to publication at the end of September 2010.
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Medium Term Plan Ref:</b>	Strategic Aim 1: To deliver the highest levels of quality evidenced by technology, information and benchmarking
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"><li>• The Quality Account update report for Quarter 1 2010-11 is enclosed at Appendix A.</li><li>• Performance data for the specialty indicators is included in the update report; two indicators have been removed due to methodological refinement.</li><li>• Individual web pages will go live for another ten specialty indicators at the end of September 2010.</li></ul>
<b>Recommendations:</b>	The Board of Governors is requested to:  <b>Note</b> the content of the Quality Account Update for Quarter 1 2010-11 prior to external publication.

<b>Signed:</b>	<b>Date:</b> 7 September 2010
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF GOVERNORS MONDAY 20 SEPTEMBER 2010

### QUALITY ACCOUNT UPDATE REPORT

#### PRESENTED BY THE EXECUTIVE MEDICAL DIRECTOR

#### 1. Introduction

- 1.1. The aim of this paper is to provide the Board of Governors with the draft Quality Account update report for Quarter 1 2010-11, prior to external publication at the end of September 2010. The report contains the latest data available for the quality improvement priorities, metrics and specialty indicators.

#### 2. Quality Account Update for Quarter 1 2010-11

- 2.1 The draft Quality Account update report for Quarter 1 2010-11 was discussed by the Clinical Quality Monitoring Group in August 2010 and is shown at Appendix A. The draft report will be taken to the Board of Directors for approval in September 2010.
  - 2.2 The report is much shorter than the Trust's 2009-10 Quality Account and includes graphs and tables to make it more readable. Furthermore, the report will be split into sections and published in a more user-friendly way on the Quality web pages. Work is also being undertaken with the Communications Team to refine the Quality web pages and make them more accessible for patients and the public.
  - 2.3 The Trust is making progress towards the quality improvement priorities and there are no significant changes in performance to report for the selected metrics. The baseline data for Priority 2 (Time from prescription to administration of first antibiotic dose) is still being refined with clinicians so will be included in the next quarterly update report.
- 2.2 Specialty Quality Indicators
- 2.2.1 Performance data for the specialty quality indicators for Quarter 1 2010-11 and 2009-10 is included in section 5 of the report. Performance remains either the same or better for the vast majority of the indicators, and there are no significant drops in performance. A process is currently being developed to set out how the Clinical Quality Monitoring Group will more closely

monitor performance for the specialty indicators in the Quality Account.

2.2.2 The HIV and Max Fax indicators included in the 2009-10 Quality Account have not been included in the update report. The methodology underlying these indicators is currently being refined; they will re-included once the Quality and Outcomes Research Unit (QuORU) and proposing clinicians are satisfied with the changes.

### 3. External Publication of Specialty Metrics

3.1 In addition to the quarterly update reports, dedicated web pages for individual specialty metrics are being developed with clinicians and published incrementally. These include explanatory narrative and graphs showing the Trust's performance as rolling averages which are updated on a monthly basis.

3.2 The web pages for the following three specialty indicators went live at the beginning of June 2010 alongside the launch of the Trust's new website:

Specialty	Indicator
Emergency Surgery	Emergency admissions for non-severe gall stone pancreatitis (no ITU admission) should have surgery within 2 weeks
Renal Medicine/Surgery	Percentage of patients on haemodialysis programme with a urea reduction ratio (URR) of >65%
Vascular Surgery	Rates of daycase versus inpatient varicose vein procedures

3.3 The next set of specialty indicator web pages are scheduled to go live at the end of September 2010, as listed in the table below:

Specialty	Indicator
Cardiology	Ensure all patients are discharged on clopidogrel or prasugrel following percutaneous coronary intervention (PCI).
Heart Failure	Percentage of heart failure patients discharged on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs)
	Percentage of patients with a primary diagnosis of acute heart failure who had an echocardiogram (ECHO) prior to discharge
Liver Medicine	Percentage of patients who have endoscopic retrograde cholangio-pancreatography (ERCP) who develop pancreatitis.
Maxillofacial Surgery	Percentage of patients who had surgery for fractured mandible on the same day or day after emergency admission
Neurosurgery	Time from emergency admission with sub-arachnoid haemorrhage to surgery
Palliative Care	100% of patients with palliative care diagnosis who are

	receiving regular analgesic medication for background pain (Morphine Sulphate Tablets, Zomorph, Fentanyl, Oxycontin) should also be prescribed with analgesia (e.g. Oramorph, Oxynorm) for breakthrough pain
	100% of above patients (who were prescribed with both analgesic medication for background pain and analgesia for breakthrough pain) should also be prescribed with laxatives
Renal Medicine/ Surgery	Percentage of patients attending the low clearance clinic (which aims to get patients ready for dialysis) who had had an arteriovenous fistula (to create access for dialysis) made before starting haemodialysis
Respiratory Medicine	Percentage of asthmatic patients who are discharged on inhaled steroids

3.4 Performance data for these indicators is shown in section 5 of the Quality Account update report at Appendix A. As previously outlined, all indicator data will be published two months behind real time to allow any performance or reputational issues to be reported to the Board of Directors before publication.

#### 4. **Recommendations**

The Board of Governors is requested to:

**Note** the content of the Quality Account Update for Quarter 1 2010-11 prior to external publication.

# Appendix A: Quality Account Update for Quarter 1 2010-11

## 1. Introduction

The Trust published its second Quality Account Report in June 2010 as part of the Annual Report and Accounts. The report contained an overview of the quality initiatives undertaken in 2009-10, performance data for selected metrics and set out five key priorities for improvement during 2010-11:

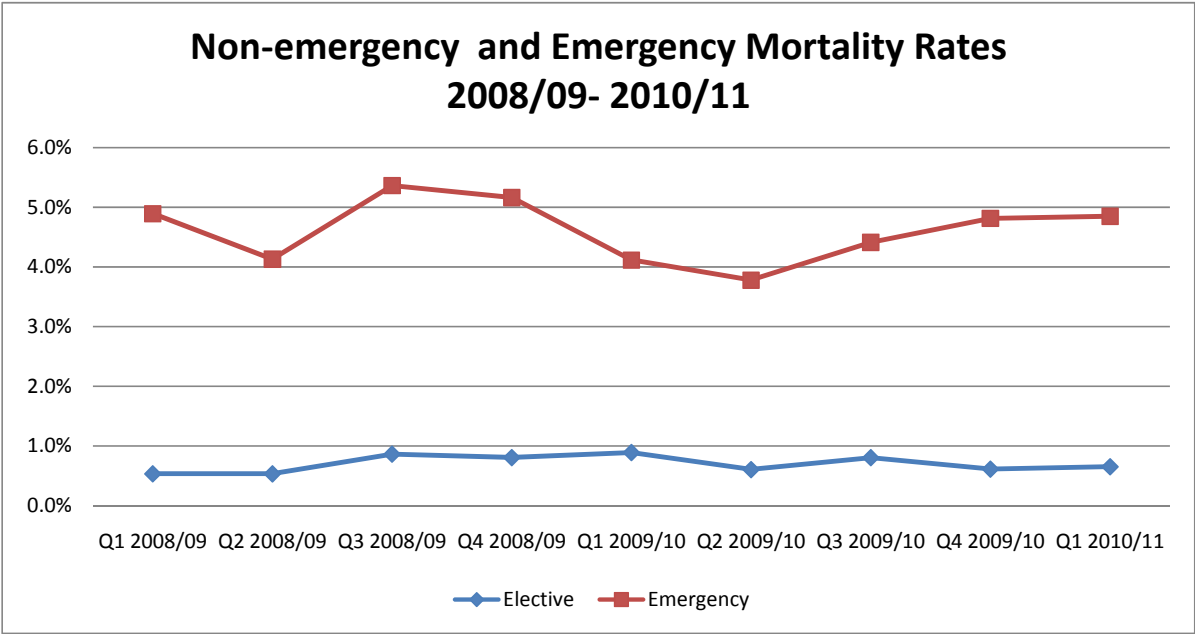
- Priority 1:** Reducing errors (with a particular focus on medication errors)
- Priority 2:** Time from prescription to administration of first antibiotic dose
- Priority 3:** Venous thromboembolism (VTE) risk assessment on admission
- Priority 4:** Improve patient experience and satisfaction
- Priority 5:** Infection prevention and control

This report provides an update on the progress made during quarter 1 2010-11 towards meeting these priorities and updated performance data for the selected metrics. This update report should be read alongside the Trust's Quality Account Report for 2009-10.

## 2. Mortality

The Trust continues to monitor mortality as close to real-time as possible with senior managers receiving daily emails detailing mortality information and on a longer term comparative basis via the Trust's Clinical Quality Monitoring Group. Any anomalies or unexpected deaths are promptly investigated.

The graph below shows the non-emergency and emergency mortality rates by quarter for the last two financial years. Although the Trust is generally treating more elderly patients and patients with complex conditions, mortality continues to remain stable.

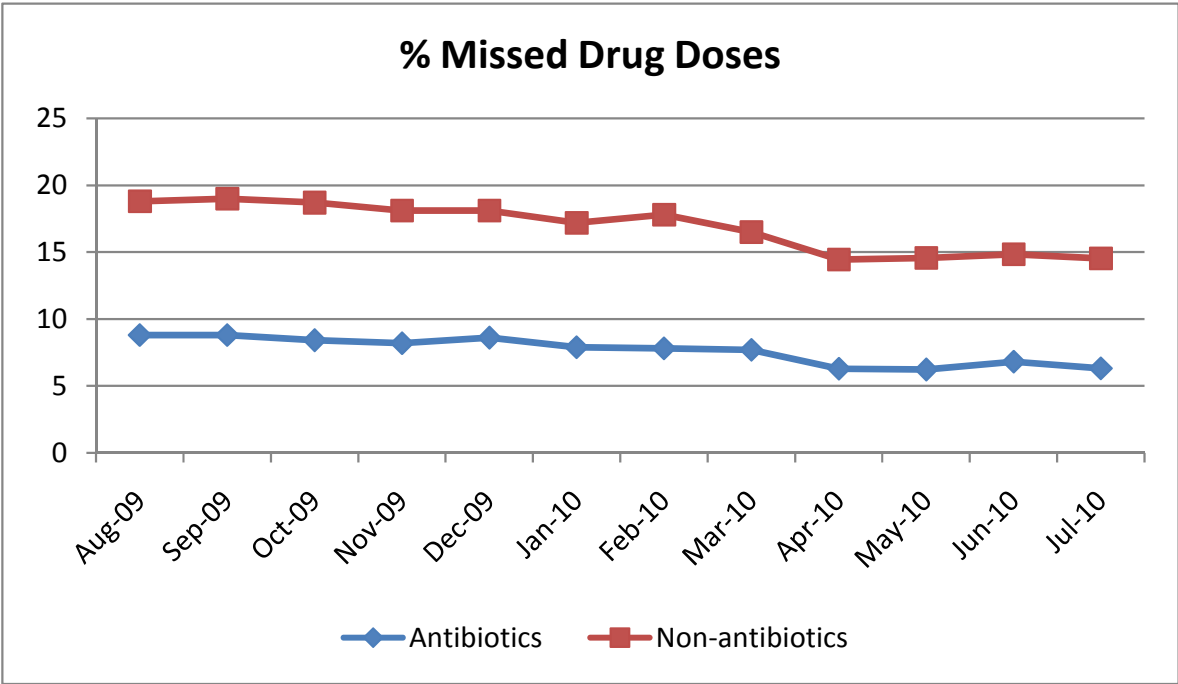


**3. Quality Improvement Priorities**

**Priority 1: Reducing errors (with a particular focus on medication errors)**

Since April 2009, the Trust has focused on reducing the percentage of drug doses prescribed but not recorded as administered (omitted) to patients on the Prescribing Information and Communication System. Omitted drug doses are monitored at divisional, specialty and ward levels and communicated daily to clinical staff via the Clinical Dashboard (which displays real-time quality information at ward-level). Performance is also reported to the Chief Executive’s Advisory Group, the Chief Operating Officer’s Group and the Board of Directors each month to ensure appropriate actions are taken.

The percentage of omitted antibiotic and non-antibiotic drug doses for the last 12 months is shown in the graph below. The Trust is continuing to reduce the number of missed antibiotic and non-antibiotic doses during 2010-11. Improvement actions are identified following monthly root cause analyses of selected missed dose cases by the Trust’s Executive, divisional management and clinical teams.



**Priority 2: Time from prescription to administration of first antibiotic dose**

There is evidence within the clinical literature that rapid antibiotic delivery can reduce patient harm and improve outcomes, and that the time from prescription to administration of first antibiotic dose for certain conditions should ideally be 60 minutes or less.

Although data on omitted doses is captured within the Prescribing Information and Communication System and timeliness of administration is an issue, it is currently difficult to assess delays. This is because some patients are prescribed antibiotics

days or even weeks ahead at pre-admission clinics for example which inappropriately skews the prescription to administration time.

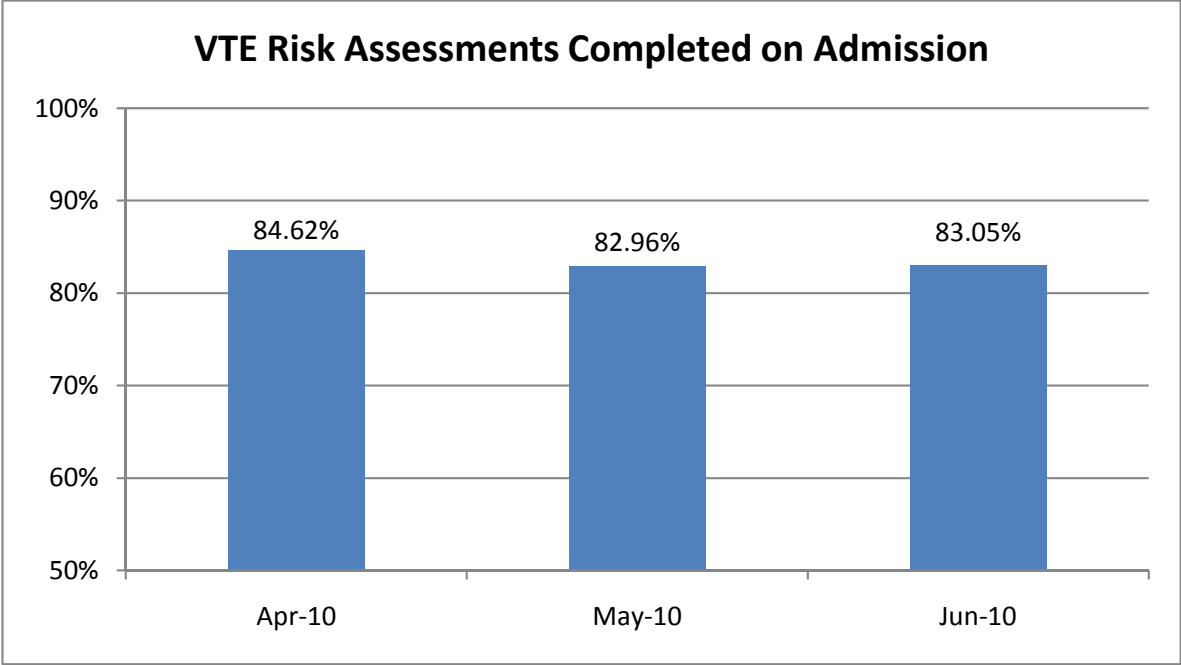
The Trust is currently identifying clinical exception rules with clinicians and refining the methodology for measuring performance against this indicator. Baseline data will therefore be reported in the Quality Account update report for Quarter 2 2010-11.

**Priority 3: Venous thromboembolism (VTE) risk assessment on admission**

Whilst most other trusts have to rely on a paper-based assessment of the risk of VTE for individual patients, the Trust has been using an electronic risk assessment tool within the Prescribing Information and Communication System since June 2008 for all inpatient admissions. The tool provides tailored advice regarding preventative treatment based on the assessed risk.

The Trust’s electronic VTE risk assessment tool has been revised to reflect the latest guidance from the National Institute for Health and Clinical Excellence (NICE). VTE risk assessments are now also being completed for daycase and ambulatory care patients; the electronic tool is scheduled to be implemented within ambulatory care by the end of December 2010.

The Trust is continuing to monitor the completion of venous thromboembolism risk assessments to ensure that by the end of 2010-11, at least 90% of all our patients have a VTE risk assessment completed on admission.



#### Priority 4: Improve patient experience and satisfaction

During quarter 1 2010-11, the Trust started monitoring the feedback received from patients via the electronic bedside and telephone surveys for the questions set out in the Trust's 2009-10 Quality Account Report. The last two questions relate to discharge and were added into the telephone survey in August 2010. Data will therefore be included in the next Quality Account quarterly update report.

Survey Questions	Time Period	Positive Feedback (%)
Were you involved as much as you wanted to be in decisions about your care and treatment?	April-June 2010	65.5%
Did you find someone on the hospital staff to talk to about your worries and fears?	June 2010	70.0%
Were you given enough privacy when discussing your condition or treatment?	June 2010	89.0%
Did staff do all they could to control pain?	April-June 2010	77.0%
Did a member of staff tell you about medication side effects to watch for when you went home?	<i>Data collection started in August 2010</i>	
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<i>Data collection started in August 2010</i>	

#### Complaints

In Quarter 1 2010/11 the Trust received 159 complaints, compared to 153 in the equivalent period in 2009/10, an increase of 3.9%:

	Q1 2010/11	Q1 2009/10
Total number of complaints	159	153
Response within deadline	99%*	96%*
Referrals for independent review by referral date	4	2
Referrals for independent review by complaint date	0	3

\*Relates to complaints received in April-May 2010.

Top 3 Complaint categories	Q1 2010-11	Q1 2009-10
<b>Main category</b>		
1. Clinical treatment	70	75
2. OPA (delay/cancellation)	22	25
3. Communication/information	20	19
<b>All issues</b>		
1. Clinical treatment	130	146
2. Communication/information	56	74



3. Attitude of Staff	29	21
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### Ratio of complaints to activity

		Q1 2010-11	Q1 2009-10
Inpatients	FCEs*	30194	30 418
	Complaints	75	66
	<b>Rate per 1000 FCEs*</b>	<b>2.48</b>	<b>2.17</b>
Outpatients	Attendances**	126 554	118 603
	Complaints	69	77
	<b>Rate per 1000 appointments</b>	<b>0.55</b>	<b>0.65</b>
A&E	Attendances	21 401	21 744
	Complaints	15	10
	<b>Rate per 1000 attendances</b>	<b>0.70</b>	<b>0.46</b>

### Compliments

The number of compliments received increased significantly during quarter 1 2010-11. The majority of compliments received relate to treatment received with a number specifically mentioning nursing care, friendliness of staff and efficiency of service.

Compliment Subtype	Q1 2010-11	Q1 2009-10
Treatment received	71	18
Nursing care	26	20
Friendliness of staff	19	7
Efficiency of service	10	5
Medical care	4	2
Facilities	0	2
Other	3	0
Information provided	1	1
<b>Total</b>	<b>134</b>	<b>55</b>

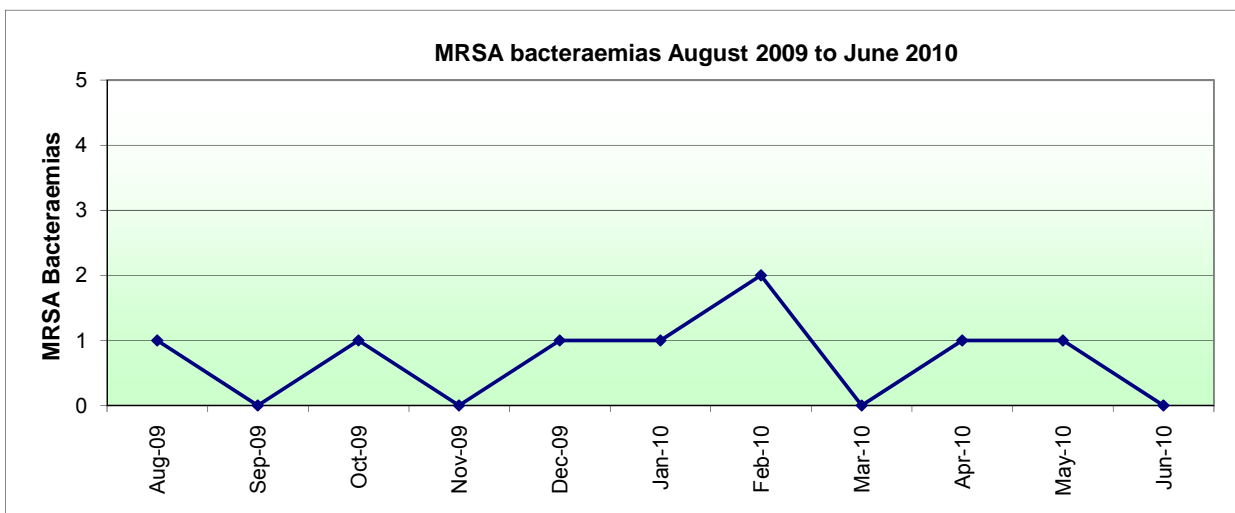
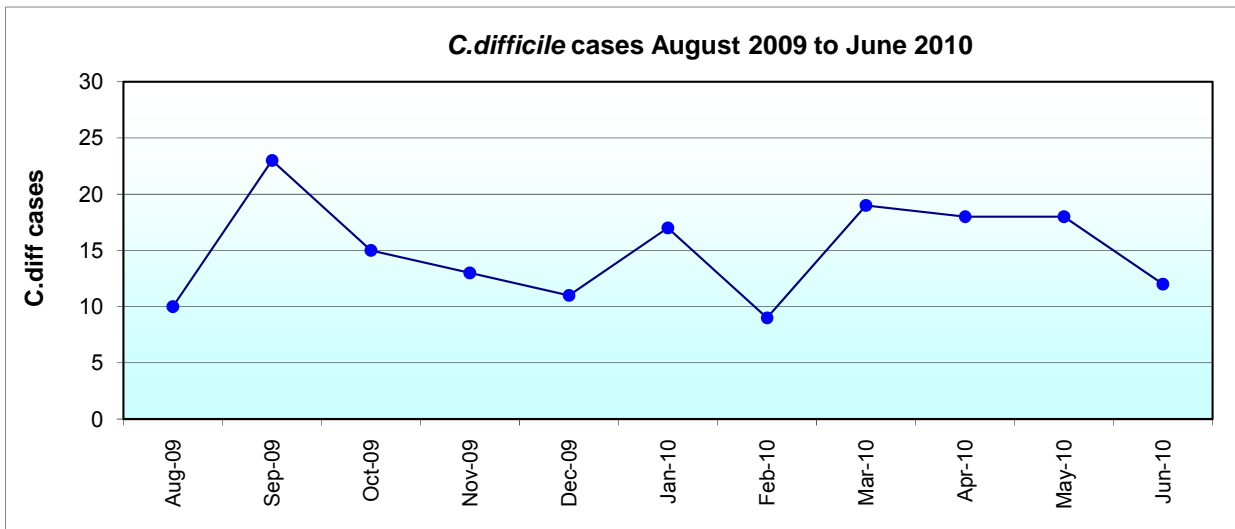
### Priority 5: Infection prevention and control

UHB is continuing to make good progress in relation to infection prevention and control during 2010-11:

- The Trust is now utilising vapour decontamination in standard terminal cleans since the move into the new building. There has also been an initiative to use hydrogen peroxide vaporising in the clinical areas identified as most susceptible to *C. difficile* infection to reduce the microbial load prior to use of the area by patients.
- The Trust's MRSA screening policy includes all elective and emergency patients except those that are excluded from the Department of Health criteria. A decolonisation project to follow cases through into the community is in the process of being agreed with NHS South Birmingham.

- Both MRSA bacteraemias and any episode of two or more *C.difficile* cases are subject to root cause analysis and then review by the Executive Team of the Board. The learning from these RCAs is shared divisionally and assurance on actions taken is reported via the Infection Prevention and Control Committee.
- The Trust has begun a process of surveillance for other key organisms to prepare to monitor and report on them monthly.

The graphs below show the number of post 48-hour *C. difficile* cases and MRSA bacteraemias by month for the period August 2009 to June 2010:



#### 4. Performance of the Trust against selected metrics

Indicators	2010-11	Peer Group Average (where available)	2009-10
<b>Patient safety indicators</b>			
<b>1(a). MRSA: Patients with MRSA infection/10,000 bed days (includes all bed days from all specialties)</b>  <i>Lower rate indicates better performance</i>	<b>0.36</b>	<b>0.21</b>	<b>0.42</b>
Time period	April-May 2010	April-May 2010	2009-10
Data source	Trust MRSA data reported to HPA, HES data (bed days)	Trust MRSA data reported to HPA, HES data (bed days)	Trust MRSA data reported to HPA, HES data (bed days)
Peer group		Acute trusts in West Midlands SHA	
<b>1(b). MRSA: Patients with MRSA infection/10,000 bed days (aged &gt;15, excluding Obstetrics Gynaecology and elective Orthopaedics)</b>  <i>Lower rate indicates better performance</i>	<b>0.37</b>	<b>0.22</b>	<b>0.43</b>
Time period	April-May 2010	April-May 2010	2009-10

Indicators	2010-11	Peer Group Average (where available)	2009-10
Data source	Trust MRSA data reported to HPA, HES data (bed days)	Trust MRSA data reported to HPA, HES data (bed days)	Trust MRSA data reported to HPA, HES data (bed days)
Peer group		Acute trusts in West Midlands SHA	
<b>2(a). <i>C. difficile</i>: Patients with <i>C. difficile</i> infection/1,000 bed days (includes all bed days from all specialties)</b>  <i>Lower rate indicates better performance</i>	<b>0.65</b>	<b>0.43</b>	<b>0.53</b>
Time period	April-May 2010	April-May 2010	2009-10
Data source	Trust C.diff data reported to HPA, HES data (bed days)	Trust C.diff data reported to HPA, HES data (bed days)	Trust C.diff data reported to HPA, HES data (bed days)
Peer group		Acute trusts in West Midlands SHA	
<b>2(b). <i>C. difficile</i>: Patients with <i>C. difficile</i> infection/1,000 bed days (aged &gt;15, excluding Obstetrics Gynaecology and elective Orthopaedics)</b>  <i>Lower rate indicates better performance</i>	<b>0.67</b>	<b>0.47</b>	<b>0.55</b>
Time period	April-May 2010	April-May 2010	2009-10
Data source	Trust C.diff data reported	Trust C.diff data	Trust C.diff data reported

Indicators	2010-11	Peer Group Average (where available)	2009-10
	to HPA, HES data (bed days)	reported to HPA, HES data (bed days)	to HPA, HES data (bed days)
Peer group		Acute trusts in West Midlands SHA	
<b>3. Patient safety incidents (reporting rate per 100 admissions)</b>  <i>Higher rate indicates better reporting</i>	<b>11.0</b>	<i>Not available</i>	<b>9.7</b>
Time period	April-June 2010		2009-10
Data source	Datix (incident data), Trust admissions data		Datix (incident data), Trust admissions data
Peer group			
<b>4. Percentage of patient safety incidents which are no harm incidents</b>  <i>Higher % indicates better performance</i>	<b>80%</b>	<i>Not available</i>	<b>86.6%</b>
Time period	April-June 2010		2009-10
Data source	Datix (incident data), Trust admissions data		Datix (incident data)
Peer group			

Indicators	2010-11	Peer Group Average (where available)	2009-10
<b>Clinical effectiveness indicators</b>			
<b>5(a). Readmissions: Readmission rate (Medical and surgical specialties - elective and emergency admissions aged &gt;15) %</b>  <i>Lower % indicates better performance</i>	<b>8.54%</b>	<b>8.0%</b>	<b>7.59%</b>
Time period	April 2009-February 2010	April 2009-February 2010	April-Dec 09
Data source	HES data	HES data	HES data
Peer group		University hospitals	
<b>5(b). Readmissions: Readmission rate (all specialties) %</b>  <i>Lower % indicates better performance</i>	<b>8.67%</b>	<b>7.13%</b>	<b>7.69%</b>
Time period	April 2009-February 2010	April 2009-February 2010	April-Dec 09
Data source	HES data	HES data	HES data
Peer group		University hospitals	
<b>6. Falls (incidents reported as % of elective and emergency</b>	<b>2.4%</b>	Not available	<b>1.97%</b>

Indicators	2010-11	Peer Group Average (where available)	2009-10
<b>episodes)</b> <i>Lower % indicates better performance</i>			
Time period	April-June 2010		2009-10
Data source	Datix (incident data), Trust activity data		Datix (incident data), Trust activity data
<b>7. Percentage of stroke patients (infarction) on aspirin, clopidogrel or warfarin</b> <i>Higher % indicates better performance</i>	<b>98.7%</b>	<b>99.7%</b>	<b>99.7%</b>
Time period	April-June 2010	2008 Calendar year	2009-10
Data source	Trust PICS data	Cleveland Clinic website	Trust PICS data
Peer group		Cleveland Clinic, Ohio, U.S.A.	
<b>8. Percentage of beta blockers given on the morning of the procedure for patients undergoing first time coronary artery bypass graft (CABG)</b> <i>Higher % indicates better performance</i>	<b>93.1%</b>	<b>88%</b> NB This data is for all surgery patients with heart conditions who were on beta blockers	<b>93.3%</b>

Indicators	2010-11	Peer Group Average (where available)	2009-10
Time period	April-June 2010	Jan-Jun 09	2009-10
Data source	Trust PICS data	Cleveland Clinic website	Trust PICS data
Peer Group		Cleveland Clinic, Ohio, U.S.A.	

### Notes on clinical outcome measures

The data shown is subject to standard national definitions where appropriate. The Trust has also chosen to include infection and readmissions data which has been corrected to reflect specialty activity, taking into account that the Trust does not undertake paediatric, obstetric, gynaecology or elective orthopaedic activity. These specialties are known to be very low risk in terms of hospital acquired infection for example and therefore excluding them from the denominator (bed day) data enables a more accurate comparison to be made with peers.

**3:** The data shown for 2009-10 in the Trust's 2009-10 Quality Account actually related to episodes of care rather than admissions. There can be multiple episodes of care during one patient admission. The data for 2009-10 has therefore been recalculated using admissions data.

**6:** The admissions data shown for 2009-10 in the Trust's 2009-10 Quality Account actually related to episodes of care rather than admissions. The data includes daycase patients as well as all elective and emergency admissions.

**7:** Aspirin, clopidogrel or warfarin are given to reduce the likelihood of recurrent stroke or transient ischaemic attack (TIA) in patients who have already suffered a stroke. Any patients who are identified as not having been given aspirin, clopidogrel or warfarin during their stay are followed up to ensure they have been discharged on these drugs if clinically appropriate.

**8:** Beta blockers are given to reduce the likelihood of peri-operative myocardial infarction and early mortality. This indicator relates to patients already on beta blockers and whether they are given beta blockers on the day of their operation. All incidences of beta blockers not being given on the day of operation are investigated to understand the reasons why and to reduce the likelihood of future omissions.



## 5. Specialty Quality Indicators

The following table shows performance at a specialty level for a wide selection of the quality indicators developed by clinicians, Health Informatics and the Trust's Quality and Outcomes Research Unit. Performance data is shown for Quarter 1 2010-11 and 2009-10, and benchmarking data is provided where possible. In line with the Trust's commitment to transparency, the data shown is not just limited to good performance; areas where performance can be improved are being taken forward by the specialties concerned as appropriate. The methodology and data for all indicators have been checked and validated by the appropriate clinical staff to ensure they accurately reflect the quality of care provided.

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
A&E	<b>Average (median) delay from arrival in A&amp;E to performance of emergency CT head with contrast scan</b>				2.5 hours (for 20 patients)			2 hours (for 46 patients)	CRIS Symphony	
A&E	<b>Average (median) delay from arrival in A&amp;E to performance of emergency CT head scan</b>				2 hours (for 395 patients)			3 hours (for 1146 patients)	CRIS Symphony	
Acute Medicine	<b>7 day readmissions to: Acute Medicine Medical Admissions Unit</b>	<4% for Acute Medicine	176 57	6555 1260	2.7% 4.5%	885 324	25724 7141	3% 5%	Lorenzo	

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
Ambulatory Care	<b>Proportion of patients who were intended to be treated as a daycase but were admitted to hospital as an inpatient</b>	<5%	155	3699	4.2%	712	16573	4.3%	Lorenzo Galaxy	
Anaesthetics	<b>Post operative nausea and vomiting All high risk patients (Ear, Nose and Throat, General Surgery and Laparoscopic Surgery) should be prescribed with antiemetics (anti-sickness medication) so they can be given promptly after the operation if they need them</b>		2476	3000	82.5%	2322	2822	82.3%	Lorenzo PICS	

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
Anaesthetics	<b>Post operative Nausea &amp; Vomiting High risk patients (Ear, Nose and Throat, General Surgery and Laparoscopic Surgery) given antiemetics (anti-sickness medication) after the operation</b>		1395	3000	46.5%	1273	2822	45.1%	Lorenzo PICS	
Cardiac Surgery	<b>First-time, isolated coronary artery bypass graft (CABG) - MRSA bacteraemia</b>		0	48	0.0%	0	313	0.0%	PATS Lorenzo	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - C.difficile</b>	0	0	48	0.0%	0	313	0.0%	PATS Lorenzo	

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Emergency readmissions within 28 days</b>		1	47	2.1%	15	307	4.9%	PATS Lorenzo	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Patients discharged on angiotensin converting enzyme (ACE) inhibitors</b>	100% of eligible patients	39	40	97.5%	275	307	89.6%	PATS PICS	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Patients discharged on antiplatelet therapy</b>	100% of eligible patients	45	45	100.0%	306	307	99.7%	PATS PICS	

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Patients discharged on statins</b>	100% of eligible patients	41	41	100.0%	295	307	96.1%	PATS PICS	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Patients on betablockers who were given them on the day of surgery</b>	100% of eligible patients	27	29	93.1%	125	134	93.3%	PATS PICS	Cleveland Clinic 88% (Jan- Jun 09) Average for all other hospitals in Ohio 89% (Jan- Jun 09) Average for all reporting hospitals in US 87% (Jan- Jun 09) NB This data is for all surgery patients with heart conditions who were on betablockers
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Post-operative stroke</b>		1	48	2.1%	7	313	2.2%	PATS Lorenzo	

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Re-operation (all causes)</b>		4	48	8.3%	24	313	7.7%	PATS Lorenzo	Cleveland Clinic 17% (2008 calendar year). This data also includes the referrals for reoperation from other hospitals.
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Average total length of stay</b>			48 patients	12.6 days		313 patients	14.5 days	PATS Lorenzo	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Median total length of stay</b>			48 patients	11 days		313 patients	10 days	PATS Lorenzo	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Average post-operative length of stay</b>			48 patients	8 days		313 patients	9.7 days	PATS Lorenzo	

Speciality	Indicator	Goal	Numerator (Apr 10 - Jun 10)	Denominator (Apr 10 - Jun 10)	% (Apr 10 - Jun 10)	Numerator (Apr 09 - Mar 10)	Denominator (Apr 09 - Mar 10)	% (Apr 09 - Mar 10)	Data Source	Benchmarking
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Median post-operative length of stay</b>			48 patients	7 days		313 patients	7 days	PATS Lorenzo	
Cardiac Surgery	<b>First-time isolated coronary artery bypass graft (CABG) - Hospital survival</b>		47	48	97.9%	307	313	98.1%	PATS Lorenzo	Cleveland Clinic 95.3% (2008 calendar year)
Cardiology	<b>Ensure all patients are discharged on clopidogrel or prasugrel following percutaneous coronary intervention (PCI)</b>	100%	179	179	100.0%	792	792	100.0%	Lorenzo PICS	Cleveland Clinic 99% (2008) Other US Hospitals 98% (2008) (This data relates to clopidogrel only as prasugrel is a new drug)
Dermatology	<b>Incidence of wound infection post skin graft</b>	0%	0	16	0%	0	114	0%	Lorenzo	

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Dermatology	<b>Proportion of suspected cancer cases seen within 2 weeks by a consultant</b>	93%	440	440	100.0%	1414	1502	94.1%	Cancer db	
Diabetes	<b>Percentage of patients under Diabetic Centre follow up (attending follow-up outpatient appointments) who have a lower limb amputation. Note: The Diabetes Team are also planning to develop a similar indicator for patients with diabetes not under Diabetic Centre follow up.</b>		2	1642	0.12%	12	3462	0.35%	Lorenzo	
Elderly Care	<b>Percentage of elderly care patients discharged to their normal place of residence</b>		942	1037	90.8%	4278	4705	90.9%	Lorenzo	
Elderly Care	<b>Percentage of elderly care patients discharged to other NHS/ non-NHS providers</b>		76	1037	7.0%	355	4705	7.5%	Lorenzo	



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Emergency Surgery	<b>Emergency admissions for non severe gall stone pancreatitis (no ITU admission) should have surgery within 2 weeks</b>	90%	45	46	98.0%	227	250	90.8%	Lorenzo	
Endocrinology	<b>Fraction of patients discharged on hydrocortisone post pituitary surgery</b>	100%	13	13	100%	63	63	100%	Lorenzo PICS	
Gastro-enterology	<b>Proportion of patients admitted with inflammatory bowel disease receieving LMW heparin</b>	90%	7	8	87.5%	53	56	95%	Lorenzo PICS	
Haematology	<b>Bone Marrow Transplant-related mortality:</b>  <b>During index (first) admission - autologous (patient's own bone marrow) transplants</b>  <b>During index (first) admission - allogeneic (donor bone marrow) transplants</b>		2  1	31  21	6.5%  4.8%	0  0	66  74	0%  0%	BMT database	

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Heart Failure	Percentage of heart failure patients discharged on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs)	93%	36	45	80.0%	178	254	70%	Heart Failure db PICS	Cleveland clinic 94% (July 08 - June 09) Average for all other US hospitals 90% (July 08 - June 09)
Heart Failure	Percentage of patients with a primary diagnosis of acute heart failure who had an echocardiogram (ECHO) prior to discharge	100%	38	45	84.4%	196	254	77%	Heart Failure db PICS	
Imaging	Proportion of A&E patients who have report turnaround time of less than 2 days for CT scan		759	784	96.8%	2078	2111	98%	CRIS	
Imaging	Proportion of GP Direct Access patients who have report turnaround time of less than 5 days for plain imaging		6684	7421	90.1%	21307	23622	90%	CRIS	
Imaging	Proportion of GP Direct Access patients who have report turnaround time of less than 5 days for Ultrasound		1572	1580	99.5%	6031	6071	99%	CRIS	

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Imaging	Proportion of Inpatients who have report turnaround time of less than 2 days for CT		2672	3233	82.6%	8969	11055	81%	CRIS	
Imaging	Proportion of Inpatients who have report turnaround time of less than 2 days for MRI		435	794	54.8%	1111	2786	40%	CRIS	
Imaging	Proportion of Inpatients who have report turnaround time of less than 2 days for Ultrasound		2074	2117	98.0%	7160	7320	98%	CRIS	
Imaging	Proportion of Outpatients who have report turnaround time of less than 5 days for CT		2544	3430	74.2%	9348	12625	74%	CRIS	
Imaging	Proportion of Outpatients who have report turnaround time of less than 5 days for MRI		1319	3850	34.3%	4838	13849	35%	CRIS	

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Imaging	<b>Proportion of Outpatients who have report turnaround time of less than 5 days for Ultrasound</b>		3502	3678	95.2%	12844	13494	95%	CRIS	
ITU	<b>Intensive care readmission rate (Readmissions to ITU during the same inpatient admission)</b>  <b>Excludes Wellcome Building Critical Care (WBCC) unit which does not submit data to the Intensive Care National Audit &amp; Research Centre (ICNARC)</b>		72	544	13%	283	2191	12.90%	ICNARC	

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Liver Medicine	<b>Percentage of patients who have endoscopic retrograde cholangio-pancreatography (ERCP) who develop pancreatitis. ERCP involves a doctor examining the common bile duct and pancreatic duct through a flexible tube which is passed down the mouth, stomach and into the small intestine (bowel).</b>	<5%	0	96	0.0%	5	357	1.4%	ERCP db Lorenzo PICS	
Liver Medicine/ Surgery	<b>90 day patient mortality (%) and graft loss (%), with 95% confidence intervals, for all adult patients who received a planned (non-emergency) first liver transplant.</b>  <b>Number of Transplants</b> <b>90 day mortality (95% Confidence Intervals)</b> <b>90 day graft loss (95% Confidence Intervals)</b>							Time Period - Oct 08 - Sep 09  67 6.0 (2.3,15.1) 9.0 (4.1,18.9)	Annual NCG Report	

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Liver Transplant	<b>Use of Valganciclovir in CMV (Cytomegalovirus) mismatched liver transplant patients. Valganciclovir is an antiviral medication used to prevent CMV infection in liver transplant patients who have not previously had CMV but the donor has.</b>	100%	15	15	100.0%	62	62	100.0%	Liver db PICS	
Max Fax	<b>Proportion of patients who had surgery for #mandible within 1 day of emergency admission</b>	90%	38	56	68%	157	224	70%	Lorenzo	
Neurosurgery	<b>Time from emergency admission with sub-arachnoid haemorrhage to surgery or coiling - including cases where intervention was deferred, for medical reasons.</b>	90% within 2 days			3.35 days (17 pts)			3.28 days (150 patients)	Lorenzo	

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Ophthalmology	Overall, how would you rate the care you received at the Outpatients Department today Excellent Very Good Good Fair Poor Very Poor		0 14 10 4 0 0	28	0% 50% 35.7% 14.3% 0% 0%	11 10 2 0 0 0	1 March -10 April 2010 23	1 March -10 April 10 48% 43% 9% 0% 0% 0%	Outpatient Survey	
Ophthalmology	Would you recommend this Outpatients Department to your family and friends? Yes, definitely Yes, probably No		24 4 0	28	85.7% 14.3% 0%	21 3 0	24	88% 13% 0%	Outpatient Survey	
Ophthalmology	Was your appointment changed to a later date by the hospital? No Yes, once Yes, 2 or 3 times Yes, 4 or more times		101 19 2 4	126	80.2% 15.1% 1.6% 3.2%	186 34 6 1	227	82% 15% 3% 0%	Outpatient Survey	

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Palliative Care	<b>100 % of patients with palliative care diagnosis code (using KMR) who are receiving regular analgesic background pain medications (Morphine Sulphate Tablets (MST), Zomorph, Fentanyl, Oxycontin) should also be prescribed with breakthrough analgesia (e.g.oramorph,oxynorm)</b>	100%	36	37	97.3%	145	148	98.0%	Lorenzo PICS	
Palliative Care	<b>100 % of above patients (who were prescribed with both analgesic medication for background pain and analgesia for breakthrough pain) should also be prescribed with laxatives.</b>	100%	36	36	100%	145	145	100%	Lorenzo PICS	
Pathology	<b>Turnaround times C-Reactive Protein - 100 % within 24 hours</b>	100% within 24 hours	39434	39660	99.4%	151706	152131	99.7%	Pathology db	



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Pathology	<b>Turnaround times Cholesterol - 100 % within 24 hours</b>	100% within 24 hours	6024	6195	97.2%	24352	24714	98.5%	Pathology db	
Pathology	<b>Turnaround times Urine - 90% within 48 hours</b>	90% within 48 hours	7867	8806	89.3%	32311	36652	88.2%	Pathology db	
Pathology	<b>Turnaround times Full Blood Count - 100 % within 24 hours</b>	100% within 24 hours	73460	73956	99.3%	284846	288662	98.7%	Pathology db	
Pharmacy	<b>Dispensing error rate (nationally these are measured as no of errors per 100,000 dispensed items)</b>		10.4	100000	0.01%	11.025	100000	0.01%	Pharmacy db	
Radiotherapy	<b>85% of patients should commence treatment (first dose of radiotherapy) within 14 calendar days from CT scan. Note: Some of the patients not treated within the target</b>		598	769	77.8%	Jul 09 - Mar 10 1820	Jul 09 - Mar 10 2317	Jul 09 - Mar 10 78.5%	Radiotherapy db	

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	timeframe had chosen to delay their treatment.									
Renal Medicine	<p>Percentage of patients on haemodialysis programme with a urea reduction ratio (URR) of &gt;65%</p> <p>All patients on haemodialysis</p> <p>Patients who have been on haemodialysis for 90 days or more</p>	90%			88.3% 88.8%			89.8% 90.1%	MARS	Data from 57 UK dialysis centres in 2007 reported in the renal registry report of 2008 show that 81% of reported patients achieve a URR ≥ 65% (centre range 47%–97%).
Renal Surgery	Percentage of patients attending the low clearance clinic (which aims to get patients ready for dialysis) who had had an arteriovenous fistula (to create access for dialysis) made before starting haemodialysis.	80%	7	9	77.8%	61	80	76.3%	MARS Lorenzo	

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Respiratory	<b>% of asthmatic patients are discharged on inhaled steroids</b>	95%	51	63	81.0%	236	272	86.8%	PICS	
Rheumatology	<b>An indication of continuity of care - proportion of patients who attended the same Consultant's clinic at least 5 times out of 6 previous visits</b>	100%	5	5	100.0%	315	315	100.0%	Lorenzo	
Routine Surgery / Care	<b>Unplanned return to theatre for all non-emergency surgical patients</b>	>2.5%	187	7820	2.4%	500	32762	1.5%	Galaxy	
Stroke Medicine	<b>% of patients admitted with cerebral infarction who received aspirin, clopidogrel or warfarin</b>	98.8% (CQUIN target)	76	77	98.7%	298	299	99.7%	Lorenzo PICS	Cleveland Clinic (2006 - 96.2%, 2007 - 98.6%, 2008 - 99.7%) US National Average : 98.9% (Page 30 of Cleveland's Neurological outcome book)

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Stroke Medicine	<b>30 day mortality following stroke</b>		17	105	16.2%	77	324	23.8%	Lorenzo	
Therapy Services	<b>90% of In-patient referrals are responded to by each of the Therapy Services on the same day</b>	90% on same day	5790	5934	97.6%	25449	26424	96.3%	Therapy db	
Therapy Services	<b>95% of In-patient referrals are responded to by each of the Therapy Services within two working days of the patient being identified to the service.</b>	95% within two working days	5888	5934	99.2%	26105	26424	98.8%	Therapy db	
Trauma & Orthopaedics	<b>Proportion of patients who had surgery within 2 days of admission for fractured neck of femur (fractured hip)</b>	90%	42	50	84%	206	281	73%	Lorenzo	

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Urology	All patients admitted with acute retention to be discharged on alpha blockers (if not put on waiting list for transurethral resection of the prostate (TURP))	70%	8	14	57%	58	109	53.2%	Lorenzo PICS	
Vascular Surgery	Rates of daycase versus inpatient varicose vein procedures Daycases Inpatients	<5% done as inpatients	135 8	143 143	94% 5%	485 28	513 513	94.5% 5.5%	Lorenzo	