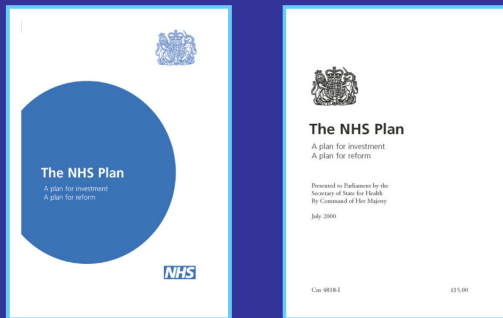


THE ROLE OF INDICATORS IN HEALTH SYSTEMS

KGMM Alberti
Former National Director
for Emergency Access
NHS England

THE STARTING POINT

THE STARTING POINT



NHS PLAN

Para 12.10

"By 2004 no-one should be waiting more than 4 hours in A&E from arrival to admission, transfer or discharge. Average waiting times ... will fall as a result to 75 mins."

"By then we will have ended inappropriate trolley waits for assessment and admission."

EMERGENCY CARE IN THE UK 2000

- a data-free zone

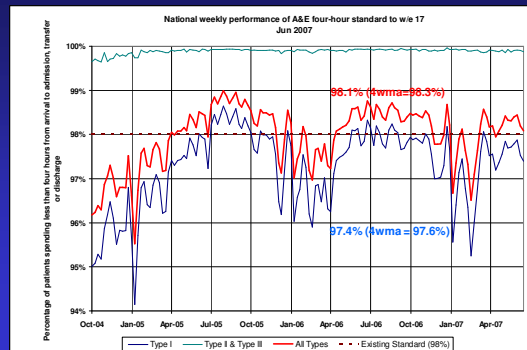
THE DEVELOPMENT OF INDICATORS

- Process
- Patient experience

PROCESS

- Total time - 4 hrs in ED
- Ambulance response time

National Performance is now at 98.1%
with a 4-week moving average of 98.3%



PROCESS

- Total time
 - Time for 1st assessment
 - Wait for diagnostics
 - Wait for bed
 - Wait for specialist

THE DEVELOPMENT OF INDICATORS

- Process
- Patient experience

THE DEVELOPMENT OF INDICATORS

- Process
- Patient experience
- Quality and safety
- Effectiveness

QUALITY AND SAFETY

- Mortality (standardised mortality ratio)
 - total and by condition

IDENTIFYING QUALITY INDICATORS IN UNSCHEDULED CARE

- NHS London

RECOMMENDATIONS

Take a pragmatic approach using data already available (wherever possible) whilst developing a more sophisticated way forward

- Include aspects of care important to patients and the public
- Include quality markers of clinical care and outcomes
- Show how the delivery model is being implemented e.g. shifts in care to new settings, access to new pathways
- Have the potential to signal improvements in the unscheduled care system i.e. integration, consistency
- Could be implemented relatively easily and therefore could start to be used quickly

14 indicators are proposed initially, recommended alongside national, London-wide and local targets e.g. under the CQUIN framework

INITIAL PROPOSED INDICATOR SET

Outcome based indicators	Processed indicators	System indicators
Improvement in patient experience of the unscheduled care system	Participation in audit	999 callers conveyed to alternative (to ED) pathways
Effective management of acute asthma	Time to assessment in urgent care settings	
Effective management of fractured neck of femur	Time to definitive care in an urgent care setting	Emergency admissions for ambulatory sensitive conditions
Effective management of pain	Time to assessment for a patient with an acute mental health problem	
Effectiveness of falls assessment and prevention	Time for transfer from a UCC to ED	Emergency re-admissions within 14/28 days of discharge
	Timeliness and extent of information sharing	

OUTCOME BASED INDICATORS

What would be included	Proposed metric
Improvement in patient experience of the unscheduled care system	Improvements reported through PROMs, patient surveys (e.g. inpatient survey) or other techniques applied
Effective management of acute asthma	% of patients with O ₂ saturation level assessed on arrival % of staff trained in BTS guidelines
Effective management of fractured neck of femur.	Time to pain management Time to operation Time to home
Effective management of pain	Availability and adherence to guidelines on assessment of pain and receipt of appropriate analgesia
Effectiveness of falls assessment and prevention	% attending following a fall who are appropriately assessed % who have previously been referred to a falls service

SYSTEM INDICATORS

What would be included	Proposed metric
999 callers conveyed to alternative (to ED) pathways	% of 999 calls not conveyed to an ED Increase in ambulance responses that result in treat at scene Number of alternative pathways available to each LAS complex
Emergency admissions for ambulatory care sensitive conditions (ASCs)	% patients admitted with ASCs
Patients re-admitted as emergencies within a short period following discharge	% of emergency re-admissions within 14 days of discharge % of emergency mental re-admissions within 28 days of discharge

Proposed outcomes and indicators mapped to the unscheduled care delivery model



CONCLUSIONS

- Indicators should reflect:
 - Outcomes
 - Patient experience
- Outcomes difficult to assess for patients with multiple comorbidities
- Good data essential
- Indicators critical to quality assure process, quality, safety and effectiveness