

## Emergency Department (ED) Clinical Quality Indicators

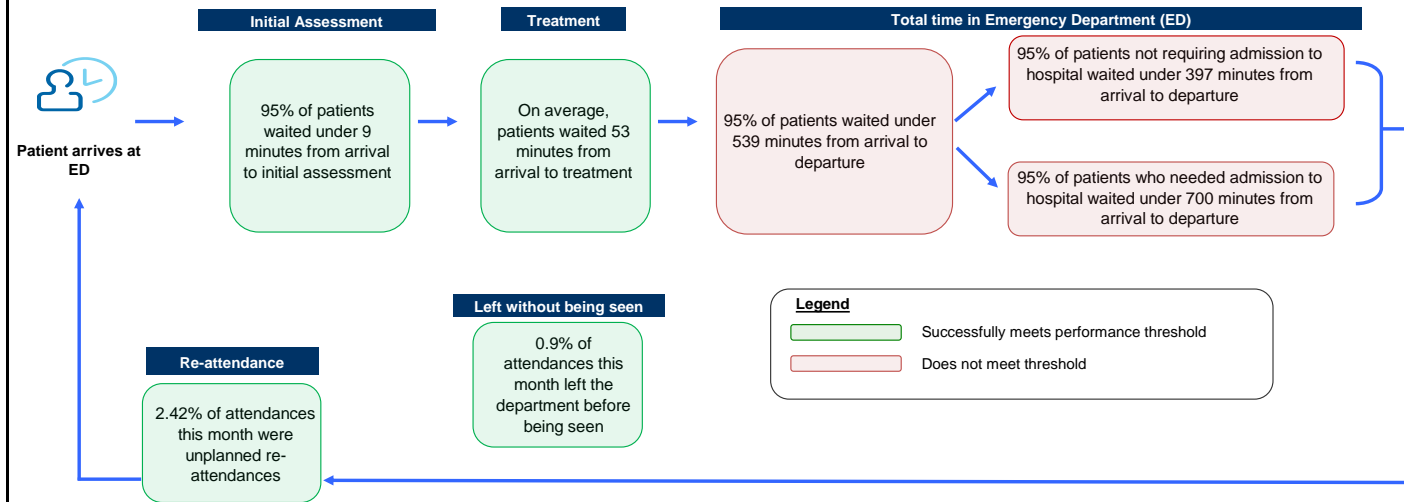
### Overview

This dashboard presents a comprehensive and balanced view of the care delivered by our Emergency Department (ED) and reflects the experience and safety of our patients and the effectiveness of the care they receive. These indicators will support patient expectations of high quality ED services and allow our department to demonstrate our ambition to deliver consistently excellent services which are continuously improving.

### General Information

<a href="#">Harrogate and District NHS Foundation Trust (RCD)</a>	- ED site name and organization code
Type 1 (Major)	- ED site type
<a href="mailto:hdf.information.requests@nhs.net">hdf.information.requests@nhs.net</a>	- Contact details for further information
24/02/2022	- The date the report has been published
01/01/2021-31/01/2022	- The time period the data in the dashboard relates to

### Summary of performance - January 2022



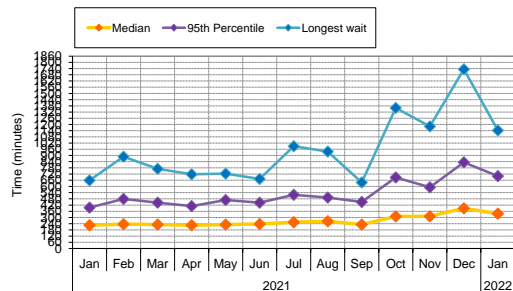
### Overview

Overall, 4 out of 5 key indicators have been achieved this month at **Harrogate Emergency Department**. We have used the standard publication template issued by the Department of Health to publish this data. However we would welcome any comments or suggestions on how we can make this information more useful and relevant to patients and the public. Please email us at: [hdf.information.requests@nhs.net](mailto:hdf.information.requests@nhs.net).

## Emergency Department (ED) Clinical Quality Indicators

### Total time in the Emergency Department (ED) (admitted patients)

#### Site-level performance

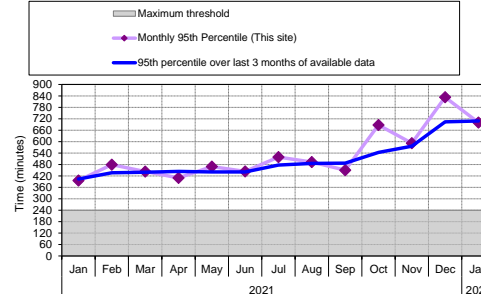


#### Description of data

Total time in ED measures the time from arrival of the patient in ED through to the time when the patient leaves ED – either by being discharged home, admitted to hospital or transferred elsewhere.

This section looks at the total time in ED for patients who leave ED by being admitted to hospital.

#### Site performance against national benchmarks and performance thresholds



#### Description of data

In January, 95% of admitted patients spent 700 minutes (11 hours 40 minutes ) or less in ED. This is above the 4 hour threshold.

The median time spent in ED for admitted patients was 337 minutes (5 hours 37 minutes) and the single longest time spent in ED was 1143 minutes (19 hours 3 minutes).

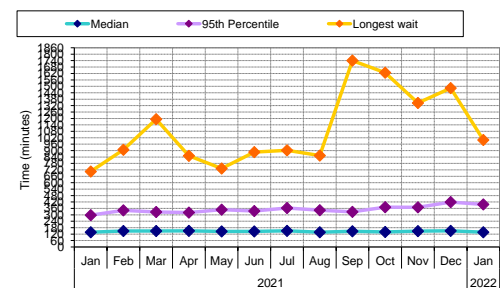
#### Narrative

Total time in the Emergency Department (ED) for patients who went on to be admitted to hospital has increased this month. We are proactively looking at patient pathways and processes in the department to ensure these do not include unnecessary non-clinical steps. Work is planned to focus on the whole patient pathway, early decisions to admit, and facilitation of available beds to aid the admission process.

700	95th percentile this month
Improvement	Compared to last month
	Data quality

### Total time in the Emergency Department (ED) (non-admitted patients)

#### Site-level performance

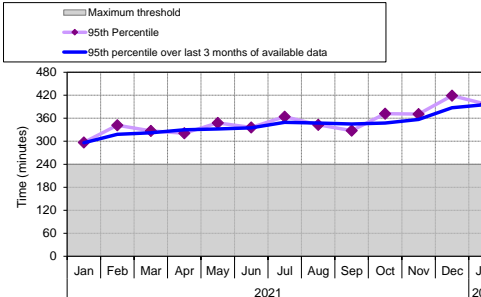


#### Description of data

Total time in ED measures the time from arrival of the patient in ED through to the time when the patient leaves ED – either by being discharged home, admitted to hospital or transferred elsewhere.

This section looks at the total time in ED for patients who are discharged home from ED (or transferred elsewhere).

#### Site performance against national benchmarks and performance thresholds



#### Description of data

In January, 95% of non-admitted patients spent 397 minutes (6 hours 37 minutes ) or less in ED. This is above the 4 hour threshold.

The median time spent in ED for admitted patients was 138 minutes (2 hours 18 minutes) and the single longest time spent in ED was 999 minutes (16 hours 39 minutes).

#### Narrative

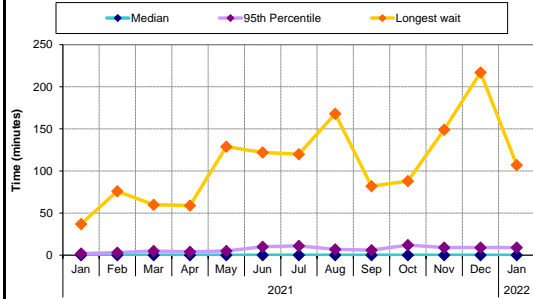
Long waits are often due to patients waiting to be transferred to another hospital, there are many factors that can contribute to the wait for such patients these include ensuring that the patient is stable enough to transfer, there is a bed at the hospital they are transferring to and that ambulances are available for the transfer. We are continually reviewing our pathways to other hospitals and working with our partners to minimise the waits for patients that need a transfer.

397	95th percentile this month
Improvement	Compared to last month
	Data quality

## Emergency Department (ED) Clinical Quality Indicators

### Time to initial assessment in ED

#### Site-level performance

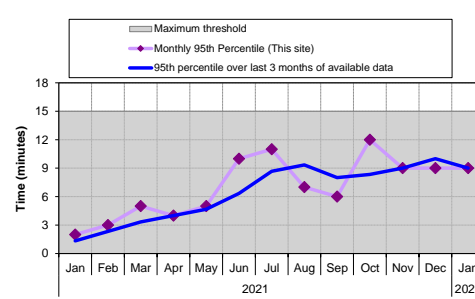


#### Description of data

This indicator looks at the time to initial assessment in ED for patients who arrive by ambulance. The time is measured from the time of arrival of the ambulance at ED to the time when an emergency nurse or doctor starts to assess the patient. A 15 minute tolerance is incorporated into this measure to allow for the time it takes for the patient to be brought in to ED from the ambulance.

It is common for the initial assessment to start when the patient arrives in ED and this explains why the median (average) time to initial assessment is so low.

#### Site performance against national benchmarks and performance thresholds



#### Description of data

In January, 95% of patients had their initial assessment within 9 minutes, this is below the 15 minute threshold.

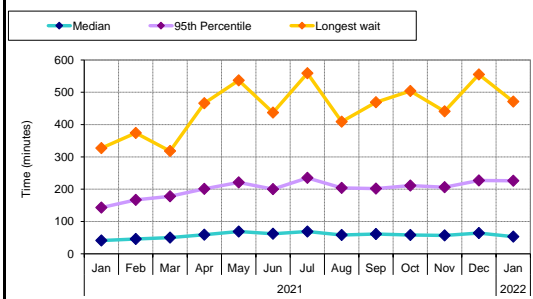
The single longest wait for initial assessment was 107 minutes (1 hour 47 minutes) and the median wait was 0 minutes.

#### Narrative

9	95th percentile this month
No Change	Compared to last month
	Data quality

### Time to Treatment in ED

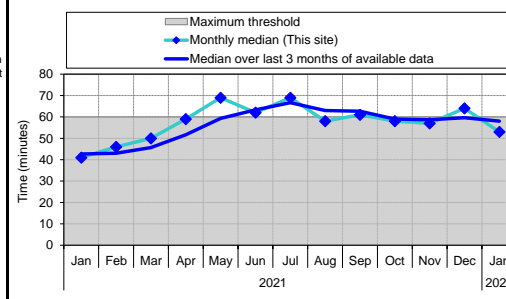
#### Site-level performance



#### Description of data

This indicator looks at the time to treatment for ED patients. The time is measured from the time of arrival in ED to the time when a patient is seen by a decision-making clinician to diagnose the problem and arrange or start treatment as necessary.

#### Site performance against national benchmarks and performance thresholds



#### Description of data

The median time spent in ED for admitted patients in January was 53 minutes (0 hours 53 minutes), which is below the 60 minute threshold.

95% of patients waited 226 minutes (3 hours 46 minutes) or less to the start of treatment, and the single longest wait from arrival to treatment was 471 minutes (7 hours 51 minutes).

#### Narrative

53	Median this month
Improvement	Compared to last month
	Data quality

### Emergency Department (ED) Clinical Quality Indicators

Unplanned re-attendance		Left without being seen													
<p><b>Unplanned re-attendance rate</b></p> <p style="font-size: small;"> <span style="color: grey;">■</span> Maximum threshold  <span style="color: blue;">◆</span> Monthly rate (This site)  <span style="color: blue;">—</span> Rate over the last 3 months of available data (this site)                 </p>		<p><b>Left without being seen rate</b></p> <p style="font-size: small;"> <span style="color: grey;">■</span> Maximum threshold  <span style="color: blue;">◆</span> Monthly rate (This site)  <span style="color: blue;">—</span> Rate over the last 3 months of available data (this site)                 </p>													
<p><b>Description of data</b></p> <p>This indicator looks at the proportion of patients who have an unplanned re-attendance at ED within 7 days of the original attendance.</p> <p>This month, our re-attendance rate was 2.42%. This is below the 5% threshold.</p>		<p><b>Description of data</b></p> <p>This indicator looks at the proportion of patients who left ED without being seen (LWBS) by a clinical decision-maker.</p> <p>This month, our LWBS rate was 0.90%. This is still below the 5% maximum threshold.</p>													
<p><b>Narrative</b></p> <p>We will continue to monitor this indicator closely to ensure we remain below the threshold of 5%. We expect some patients will re-attend the department as we advise them to do so if their condition deteriorates and thus an unplanned re-attendance rate of close to 0% would be an indicator of incorrect or inadequate discharge advice.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">2.42%</td> <td style="text-align: center;">Rate this month</td> </tr> <tr> <td style="text-align: center; background-color: #90EE90;">Improvement</td> <td style="text-align: center;">Compared to last month</td> </tr> <tr> <td style="text-align: center; background-color: #90EE90;"></td> <td style="text-align: center;">Data quality</td> </tr> </table>	2.42%	Rate this month	Improvement	Compared to last month		Data quality	<p><b>Narrative</b></p> <p>This indicator is within acceptable levels, some patients choose not to wait during busy periods, and sometimes return at a later point or seek medical attention via an alternative route.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0.90%</td> <td style="text-align: center;">Rate this month</td> </tr> <tr> <td style="text-align: center; background-color: #90EE90;">Improvement</td> <td style="text-align: center;">Compared to last month</td> </tr> <tr> <td style="text-align: center; background-color: #90EE90;"></td> <td style="text-align: center;">Data quality</td> </tr> </table>	0.90%	Rate this month	Improvement	Compared to last month		Data quality
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#### Overall Summary of Performance

We will continue to look at pathways and processes within and external to the department to ensure we maintain and where possible, improve our performance.