

## Congenital Heart (Adults) Quality Dashboard 2016/17

Indicator Reference Number	Domain	Theme	Measure	Rationale	Indicator Name /Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Notes_1
CH01-A	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Patient experience and quality of care	Patient reported experience measures (PREMS) are used to assess how satisfied patients and parents are with a service. They indirectly indicate how patient centred a service is. This metric uses a specific question in the PREMS survey given to patients with ACHD that asks them whether they are happy or not with their overall inpatient care. The PREMS survey will be available for patients/parents/carers to complete throughout the year.	Inpatient care received. (PREMS survey positive responses).	Positive responses	Total responses	Quarterly	Quarterly	Host for PREMS from MSB.	Host for PREMS - from MSB.		Future metric subject to availability of data from the data source provider. Date of implementation TBC.
CH02-A	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Patient experience and quality of care	Patient reported experience measures (PREMS) are used to assess how satisfied patients and parents are with a service. They indirectly indicate how patient centred a service is. This metric uses a specific question in the PREMS survey given to patients with ACHD that asks them whether they are happy or not with their overall outpatient care. The PREMS survey will be available for patients/parents/carers to complete throughout the year.	Outpatient care received. (PREMS survey positive responses)	Positive responses	Total responses	Quarterly	Quarterly	Host for PREMS from MSB.	Host for PREMS - from MSB.		Future metric subject to availability of data from the data source provider. Date of implementation TBC.
CH03-A	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Patient experience and quality of care	Patient reported experience measures (PREMS) are used to assess how satisfied patients and parents are with a service. They indirectly indicate how patient centred a service is. This metric uses a specific question in the PREMS survey given to patients with ACHD that asks them whether or not they received adequate information and advice at point of discharge from an inpatient stay. The PREMS survey will be available for patients/parents/carers to complete throughout the year.	Adequate information provided at discharge. PREMS survey - positive responses	Positive responses	Total responses	Quarterly	Quarterly	Host for PREMS from MSB.	Host for PREMS - from MSB.		Future metric subject to availability of data from the data source provider. Date of implementation TBC.

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CH04-A	Domain 4: Ensuring that people have a positive experience of care	Process	Patient experience and quality of care	Measures CDH01, 02 and 03 rely on receiving enough responses to make the sample representative of the overall patient population experience. As units interested in patient feedback would be expected to encourage completion of patient experience surveys, the proportion of inpatient episodes generating a survey response will be used as a metric to assess this.	Number of in-patient surveys returned	Number of surveys returned	Patients Discharged within time period	Quarterly	Quarterly	Host for PREMS from MSB.	Host for PREMS - from MSB.		Future metric subject to availability of data from the data source provider. Date of implementation TBC.
CHD05-A	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Process	Data accuracy and completeness	Data quality is acknowledged as an indicator of the importance a unit places on its outcomes and performance. The data quality index (DQI) is a measure of the accuracy and completeness of the data submitted to NICOR and is calculated by the external assessors performing the annual NICOR validation visit.	Data Quality Index	Unit NICOR DQI	N/A	1 year total data	Annual	Unit data	N/A		Trusts will use report by NICOR and only validated information to be used for this.
CH06-A	Domain 4: Ensuring that people have a positive experience of care	Clinical process	Elective surgery Cancellations	Last minute cancellations for non-clinical reasons (Specifically including unavailability of general ward or intensive care bed, unavailability of staff, because an emergency case took priority, because a surgical list ran over, due to equipment malfunction, due to an administrative error) are a measure of the quality and efficiency of a service and influence patient experience. The proportion of elective congenital cardiac surgical procedures cancelled at the last minute is used to measure this (NHS England definition of last minute cancellation includes: cancelled on the planned day of arrival in the hospital, cancelled on the day of surgery, cancelled after admission for the procedure). This metric should be consistent with the one submitted to the CQC.	Last minute cancellations of elective congenital cardiac surgery procedures for non clinical reasons	Number of last minute cancellations of elective congenital cardiac surgery procedures for non clinical reasons (adult)	Total elective congenital cardiac surgical procedures	1 year total data	Annual	Unit data	Unit data		If coded as an intervention on C-CAD / PRAIS

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CH07-A	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical process	Unplanned reintervention rate	The unplanned reintervention rate is one measure of the quality of the surgical service. The number of patients having one or more unplanned reinterventions within 30 days of a planned congenital cardiac surgical procedure will be used to measure this.	Unplanned reintervention rate within 30 days of congenital cardiac surgery	Number of patients having unplanned CCAD defined procedures (surgery or catheter) within 30 days of planned congenital cardiac surgical procedure	Total planned surgical procedures	1 year total data	Annual	Unit data	Unit data		If coded as a intervention on C-CAD / PRAIS. A reintervention is defined as a surgical or catheter intervention that falls within the NICOR definition of a countable procedure. Procedures specifically excluded are detailed within the 2016/17 metric definitions - appendix 1.
CH08-A	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Congenital cardiac surgery related complications	The frequency of significant procedure related complications after congenital cardiac surgery are one measure of the quality of the congenital cardiac surgical service.	Congenital cardiac surgery related complication/s	1 or more significant procedure related complication after congenital cardiac surgery (Refer to metric definitions 2016/17 - appendix 2.)	Total planned surgical procedures	Quarterly	Quarterly	Unit data	Unit data		The number of congenital cardiac surgical procedures that are followed by one or more of the complications as listed in 2016/17 metric definitions - appendix 2 will be used to measure this.
CH09-A	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Unplanned reintervention rate - congenital cardiac catheter intervention	The unplanned reintervention rate is one measure of the quality of the congenital catheter intervention service. The number of patients having one or more unplanned reintervention within 30 days of a planned congenital cardiac catheter procedure will be used to measure this.	Unplanned reintervention rate within 30 days of congenital cardiac catheter intervention	Number of patients having unplanned CCAD defined procedures (surgery or catheter) within 30 days of planned congenital cardiac catheter procedure	Total planned congenital cardiac catheter procedures	Quarterly	Quarterly	Unit data	Unit data		A reintervention is defined as a surgical or catheter intervention that falls within the NICOR definition of a countable procedure. Those procedures specifically excluded are listed in the Metric definitions 2016/17 appendix 1.

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Indicator Reference Number	Domain	Theme	Measure	Rationale	Indicator Name /Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Notes_1
CH10-A	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Unplanned reintervention rate - congenital cardiac catheter intervention	The frequency of significant procedure related complications after congenital cardiac intervention procedures are a measure of the quality of the congenital cardiac catheter intervention service.	Significant procedure related complication after congenital cardiac catheter intervention (1 or more)	1 or more significant procedure related complication after congenital cardiac catheter intervention (Refer to metric definitions 2016/17 - Appendix 3.)	Total congenital cardiac catheter procedures	Quarterly	Quarterly	Unit data	Unit data		The number of congenital cardiac catheter intervention procedures that are followed by one or more of the complications listed in Metrics Definitions 2016/17 - Appendix 3.
CH11-A	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Outcome Measure	Infection control	Hospital acquired infection rate is a measure of patient safety and the quality of inpatient care. This will be assessed by the proportion of patients acquiring Clostridium difficile during an inpatient stay under the care of the congenital cardiac service. Units must submit their own data.	Hospital Acquired Clostridium difficile. Proportion of inpatients under care of the adult congenital cardiac service acquiring new positive Clostridium difficile cultures	Number of inpatients under care of the adult congenital cardiac service acquiring new positive Clostridium difficile cultures	Total number of inpatient stays under congenital cardiac unit	Quarterly	Quarterly	Unit data	Unit data		
CH12-A	Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Outcome Measure	Infection control	Hospital acquired infection rate is a measure of patient safety and the quality of inpatient care delivered. This will be assessed by the proportion of patients acquiring MRSA during an inpatient stay under the care of the congenital cardiac service. Units must submit their own data.	Hospital Acquired MRSA - Proportion of inpatients under care of the adult congenital cardiac service acquiring new positive MRSA cultures	Number of inpatients under care of the adult congenital cardiac service acquiring new positive MRSA cultures	Total number of inpatient stays under adult congenital cardiac service	Quarterly	Quarterly	Unit data	Unit data		
CH13-A	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Complaints	Formal written complaints are a measure of patient dissatisfaction and indirect measure of patient experience. The proportion of inpatient care episodes resulting in a written complaint will be used to assess this. Units must submit their own data.	Formal Complaints Involving Inpatients	Number of formal written complaints involving patients admitted under the care of the adult congenital cardiac service	Total number of inpatient stays under adult congenital cardiac service	Quarterly	Quarterly	Unit data	Unit data		

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CH14-A	Domain 4: Ensuring that people have a positive experience of care	Process	Waiting time - elective congenital cardiac surgery	The average waiting time for elective congenital cardiac surgery can be used as a measure of its efficiency and effectiveness, however comparative assessment of this is impeded by variations in measurement. This metric will standardise measurement accepting that the optimal age for some surgical procedures may require a longer waiting period than the minimum. The waiting time will be defined as starting on the date of the MDT meeting at which the decision to operate is made. It will end on the admission date of the stay during which the elective surgery takes place.	Mean waiting time for (in days) elective congenital cardiac surgery	Mean number of days from decision to admit to admission date for elective adult congenital cardiac surgical procedures	N/A	Quarterly	Quarterly	HES Data	HES Data		Future metric date of implementation TBC - Data will be transferred directly from HES using the ELECDUR field which measures the data from the decision to admit date to the actual admission date.
CH15-A	Domain 4: Ensuring that people have a positive experience of care	Process	Waiting Time - 18 weeks	A waiting time of 18 weeks from decision to operate to admission for surgery is the upper limit accepted by NHS England. The proportion of patients waiting longer than 18 weeks is a further measure of the effectiveness and efficiency of a congenital cardiac surgical service. This will be measured by the proportion of patients waiting greater than 18 weeks from decision to operate to admission for surgery. Data will be transferred directly from HES.	Proportion of elective adult congenital cardiac surgical procedures where time from decision to admit to admission was greater than 18 weeks	Number of elective adult congenital cardiac surgical procedures where time from decision to admit to admission was greater than 18 weeks	Total number of elective adult congenital cardiac surgical procedures	Quarterly	Quarterly	HES Data	HES Data		Future metric date of implementation TBC - Data will be transferred directly from HES
CH16-A	Domain 4: Ensuring that people have a positive experience of care	Process	Waiting Time Data Completeness	The data completeness will demonstrate the proportion of the CHD spells which are being captured by the waiting time metrics and provide information on how representative the waiting times information reported is.	Waiting Time Data Completeness	CHD spells with recorded waiting times	Total number of CHD spells	Quarterly	Quarterly	HES Data	HES Data		Future metric date of implementation TBC - Data will be transferred directly from HES

Data collection has been approved by the Review of Central Returns - ROCR  
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