

Congenital Heart (Paediatrics) 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-P	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 parents of children with CHD 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-P	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 parents of children with CHD 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-P	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 parents of children with CHD 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.
CH04-P	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 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.

Congenital Heart (Paediatrics) 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
CH05-P	Domain 4: Ensuring that people have a positive experience of care	Clinical Process	Speed of Specialist Fetal Cardiac Review	Minimising this period of uncertainty after the possibility of a heart abnormality is suggested during screening is considered a key indicator of the quality of service delivered by a fetal cardiac unit. This is assessed by measuring the proportion of families seen within a maximum waiting time of 3 days following referral. Units must submit their own data.	Percentage of patients with suspected CHD seen within 3 days of sonographic identification	Number of referrals with suspected fetal heart disease seen within 3 days	Total referrals with suspected fetal heart disease seen	Annual (1 yrs data)	Annual	Unit data	Unit data		
CH06-P	Domain 4: Ensuring that people have a positive experience of care	Clinical Process	Specialist Nurse Contact after new fetal diagnosis	Families highly value the input of a fetal cardiac nurse specialist at the time of diagnosis of a fetal heart abnormality, therefore ensuring contact is made on the day of diagnosis is an indicator of the overall quality of the service provided. The proportion of parents with a confirmed diagnosis of a fetal heart abnormality contacted on the day of diagnosis by the fetal cardiac nurse specialist is used to measure this.	Percentage of patients with confirmed diagnosis of fetal congenital heart disease contacted by fetal cardiac nurse specialist on day of diagnosis	Number of new fetal cardiac diagnoses contacted by fetal cardiac nurse specialist	Total new fetal cardiac diagnoses seen	1 year total data	Annual	Unit data	Unit data		If coded as a intervention on C-CAD / PRAIS.
CH07-P	Domain 1: Preventing people from dying prematurely	Clinical Outcome	Risk adjusted mortality	The PRAiS process uses a partial risk adjustment algorithm to produce an expected 30 day mortality rate for children undergoing surgery for congenital heart disease. Following annual validation of a units data by NICOR, a calculation of the expected cumulative mortality for the preceding three year period is made and compared with the observed mortality. Although this is the most accurate measure of risk adjusted outcome after paediatric cardiac surgery its production is always a year after the end of the three year period concerned.	Risk adjusted mortality (validated data)	Actuarial 30 day mortality %.	PRAiS expected 30 day mortality %	3 year total data	Annual	Unit Data	Unit Data		If coded as a intervention on C-CAD / PRAIS
CH08-P	Domain 1: Preventing people from dying prematurely	Clinical Outcome	Risk adjusted mortality	All units are expected to monitor their own performance contemporaneously by running regular PRAiS analysis of their paediatric surgical procedures. Whilst the data is unvalidated, this exercise provides an early warning system for any problems that might be developing within the service. This metric provides a more contemporary measure of paediatric cardiac surgical outcomes by using a unit's actuarial / PRAiS expected 30 day mortality ratio for the preceding 3 years (on a rolling basis).	Risk adjusted mortality (unvalidated)	Actuarial 30 day mortality %.	PRAiS expected 30 day mortality %	3 year rolling	Quarterly	Unit data	Unit data		This metric provides a more contemporary measure of paediatric cardiac surgical outcomes by using a unit's actuarial / PRAiS expected 30 day mortality ratio for the preceding 3 years (on a rolling basis). Units must enter their own data (using the measures generated on the prediction interval page of the PRAiS workbook).

Congenital Heart (Paediatrics) 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
CH09-P	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 (DQI)	Unit NICOR DQI	N/A	1 year total data	Annual	Unit data			Trusts will use report by NICOR and only validated information to be used for this.
CH10-P	Domain 4: Ensuring that people have a positive experience of care	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	Total elective congenital cardiac surgical procedures	1 year total data	Annual	Unit data	Unit data		If coded as a intervention on C-CAD / PRAIS
CH11-P	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical process	Reintervention rate after congenital cardiac surgery	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.	Reintervention rate after 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	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.

Congenital Heart (Paediatrics) 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
CH12-P	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.
CH13-P	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.	Reintervention rate after 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 metrics definitions 2016/17 - appendix 1.
CH14-P	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Congenital cardiac catheter related complication	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.	Congenital cardiac catheter related complication	1 or more significant procedure related complication after congenital cardiac catheter intervention (Metric definition 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 the metric definitions 16/17 -Appendix 3.
CH15-P	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.	Hospital Acquired Clostridium difficile. Proportion of inpatients under care of the paediatric cardiac service acquiring new positive Clostridium difficile cultures	Number of inpatients under care of the paediatric cardiac service acquiring new positive Clostridium difficile cultures	Total number of inpatient stays under the paediatric cardiac service	Quarterly	Quarterly	Unit data	Unit data		

Congenital Heart (Paediatrics) 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
CH16-P	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.	Hospital Acquired MRSA. Proportion of inpatients under care of the paediatric cardiac service acquiring new positive MRSA cultures	Number of inpatients under care of the paediatric cardiac service acquiring new positive MRSA cultures	Total number of inpatient stays under the paediatric cardiac service	Quarterly	Quarterly	Unit data	Unit data		
CH17-P	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 paediatric cardiac service	Total number of inpatient stays under the paediatric cardiac service	Quarterly	Quarterly	Unit data	Unit data		
CH18-P	Domain 4: Ensuring that people have a positive experience of care	Process	Waiting time - elective congenital cardiac surgery	The mean 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 (in days) for elective congenital cardiac surgery	Mean number of days from decision to admit to admission date for paediatric 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.
CH19-P	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 Data will be transferred directly from HES.	Proportion of elective paediatric cardiac surgical procedures where time from decision to admit to admission was greater 18 weeks	Number of elective paediatric cardiac surgical procedures where time from decision to admit to admission was greater than 126 days	Total number of elective paediatric cardiac surgical procedures	Quarterly	Quarterly	HES Data	HES Data		Future metric date of implementation TBC - Data will be transferred directly from HES

Congenital Heart (Paediatrics) 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
CH20-P	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. Data will be transferred directly from HES.	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. Completeness of the waiting time fields in HES.

Data collection has been approved by the Review of Central Returns - ROCR
ROCR/OR/2230/001MAND