

Adult Critical Care Quality Dashboard 2017/18



Indicator Reference Number	Domain	Theme	Measure	Rationale	Name of Indicator /Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes	Reporting Periods			
															Q1	Q2	Q3	Q4
ACC02ai	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge		Percentage of total available critical care bed days utilised for patients more than 24 hours after the decision to discharge (Validated).	Critical care bed days utilised for critical care unit survivors discharged more than 24 hours after the decision to discharge to a ward in the same hospital (or directly to home).	Total available critical care bed days.	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Lower is better	This indicator was renumbered in Q1 1617, as period type changed to Quarterly.	Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17
ACC02aii	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge		Percentage of total available critical care bed days utilised for patients more than 24 hours after the decision to discharge (Non-Validated).	Critical care bed days utilised for critical care unit survivors discharged more than 24 hours after the decision to discharge to a ward in the same hospital (or directly to home).	Total available critical care bed days.	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Lower is better	This indicator was renumbered in Q1 1617, as period type changed to Quarterly.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
ACC02bi	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged within 4 hours post decision to discharge (Validated).	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home) within 4 hours of the decision to discharge.	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home).	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Higher is better		Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17
ACC02bii	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged within 4 hours post decision to discharge (Non-Validated).	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home) within 4 hours of the decision to discharge.	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home).	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Higher is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
ACC02ci	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged greater than 24hrs after decision to discharge (Validated).	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home) greater than 24 hours after the decision to discharge.	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home).	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Lower is better		Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17
ACC02cii	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged greater than 24hrs after decision to discharge (Non-Validated)	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home) greater than 24 hours after the decision to discharge.	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home).	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Lower is better		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
ACC02di	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged in the time period 4 to 24 hours after decision to discharge (Validated).	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home) between 4 and 24 hours after the decision to discharge.	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home).	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Neutral - review in context with other related indicators.		Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17
ACC02dii	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged in the time period 4 to 24 hours after decision to discharge (Non-Validated).	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home) between 4 and 24 hours after the decision to discharge.	Number of critical care unit survivors discharged to a ward in the same hospital (or directly to home).	Quarterly	Quarterly	(External Sourced Data) Case Mix Programme ICNARC	(External Sourced Data) Case Mix Programme ICNARC		Neutral - review in context with other related indicators.		Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

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ACC02e	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Percentage of live discharges, discharged from critical care between 07:00am and 21:59pm.	Number of critical care unit survivors discharged to a ward in the same hospital between 07:00 and 21:59.	Number of critical care unit survivors discharged to a ward in the same hospital.	Quarterly	Quarterly	(External Sourced Data) - Case Mix Programme ICNARC	(External Sourced Data) - Case Mix Programme ICNARC		Higher is better	This indicator was renumbered in Q1 1617, as period type changed to Quarterly.	Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17
ACC03a	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Discharge times		Proportion of live discharges between 07:00am and 19:59pm.	Number of critical care unit survivors discharged to a ward in the same hospital between 07:00 and 19:59.	Number of critical care unit survivors discharged to a ward in the same hospital.	Quarterly	Quarterly	(External Sourced Data) - Case Mix Programme ICNARC	(External Sourced Data) - Case Mix Programme ICNARC		Higher is better		Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17
ACC10	Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm.	Outcome Measure	Rate of unit acquired infection in blood		Rate of unit acquired infection in blood.	PHE Definition	PHE Definition	Rolling Annual	Quarterly	(External Sourced Data) - PHE	(External Provided Data) - PHE			Future metric as new PHE audit develops and subject to availability of data from data source. Sentinel sites only.				
ACC13ai	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Elective surgical critical care bed cancellations		Proportion of elective surgical critical care bed bookings cancelled on the day of surgery due to lack of availability of a post operative critical care bed.	Number of elective surgery critical care booked beds not made available on day of surgery.	Number of elective surgery critical care beds booked.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Lower is better	This indicator was renumbered in Q1 1617, as period type changed to Quarterly.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
ACC13b	Domain 4: Ensuring that people have a positive experience of care.	Process Measure	Elective surgical critical care bed cancellations		Proportion of patients where elective surgical critical care bed bookings have been cancelled on the day of surgery twice or more.	Number of patients where elective surgical critical care bed bookings have been cancelled on the day of surgery twice or more.	Total number of elective surgery critical care booked beds cancelled (within the reporting period).	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal	Provider Organisations to submit data to the SSQD web portal		Lower is better	Trusts are required to identify data by surgical speciality, within the note/comments section when submitting data.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
ACC15	Domain 1: Preventing people from dying prematurely.	Outcome Measure	Standardised mortality ratio		Standardised mortality ratio (using ICNARC risk adjustment model) for critical care patients.	Observed number of deaths before ultimate discharge from acute hospital.	Expected number of deaths before ultimate discharge from acute hospital.	Rolling Annual	Quarterly	(External Data Source) - Case Mix Programme ICNARC	(External Data Source) - Case Mix Programme ICNARC		Lower is better		Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 - Sep 17	Jan 17 - Dec 17
ACC15d	Domain 1: Preventing people from dying prematurely.	Outcome Measure	Standardised mortality ratio		Standardised mortality ratio (using ICNARC risk adjustment model) for critical care patients with an expected mortality less than 15%.	Observed number of deaths before ultimate discharge from acute hospital among patients with a predicted probability of mortality less than 15%.	Expected number of deaths before ultimate discharge from acute hospital among patients with a predicted probability of mortality less than 15%.	Rolling Annual	Quarterly	(External Data Source) - Case Mix Programme ICNARC	(External Data Source) - Case Mix Programme ICNARC		Lower is better		Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 - Sep 17	Jan 17 - Dec 17

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ACC16	Domain 1: Preventing people from dying prematurely.	Process Measure	Use of Critical Care electively after Emergency General Surgery for High Risk Patients (Risk of death greater than 10%)		Proportion of emergency General Surgical patients entered into NELA database who are admitted to critical care with risk of death greater than 10%.	Number of NELA patients admitted to critical care with risk of death greater than 10%.	Total number of patients entered into NELA dataset with estimated risk of death greater than 10%.	Annual	Annual	(External Data Source) - NELA Dataset	(External Data Source) - NELA Dataset			Future metric, subject to availability of data from data source.				
ACC17a	Domain 4: Ensuring that people have a positive experience of care	Process Measure	Bed days assigned: Zero Organ HRG		Percentage of critical care bed days assigned to Zero organ HRG.	Number of bed days of care in the critical care unit assigned to HRGs with no organ systems supported.	Total number of bed days of care in the critical care unit.	Quarterly (lagged 3 months to match validated data dates)	Quarterly (lagged 3 months to match validated data dates)	(External Data Source) - Case Mix Programme ICNARC	(External Data Source) - Case Mix Programme ICNARC		Lower is better	Indicator ACC17a replaces indicator ACC17 from Q1 1718, due to a change in the data calculation which will now also include HRG UZ01Z. This has been agreed to ensure all zero organ days fully captured and to ensure provides an accurate reflection of the activity.	Jan 17 - Mar 17	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17

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