

Congenital Heart (Paediatrics) Quality Dashboard 2017/18

Indicator Reference Number	Domain	Theme	Measure	Rationale	Indicator Name /Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Notes	Reporting Periods			
														Q1	Q2	Q3	Q4
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	(External Sourced Data) - Host for PREMS MSB	(External Sourced Data) - Host for PREMS MSB		Future metric subject to availability of data from MSB. Date of implementation TBC.	N/A	N/A	N/A	N/A
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	(External Sourced Data) - Host for PREMS MSB	(External Sourced Data) - Host for PREMS MSB		Future metric subject to availability of data from MSB. Date of implementation TBC.	N/A	N/A	N/A	N/A
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	(External Sourced Data) - Host for PREMS MSB	(External Sourced Data) - Host for PREMS MSB		Future metric subject to availability of data from MSB. Date of implementation TBC.	N/A	N/A	N/A	N/A
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	(External Sourced Data) - Host for PREMS MSB	(External Sourced Data) - Host for PREMS MSB		Future metric subject to availability of data from MSB. Date of implementation TBC.	N/A	N/A	N/A	N/A
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 calendar days following referral. Units must submit their own data.	Percentage of patients with suspected CHD seen within 3 calendar days of sonographic identification.	Number of referrals with suspected fetal heart disease seen within 3 calendar days.	Total referrals with suspected fetal heart disease seen.	Annual	Annual	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		This is measured in calendar days not working days. The day of sonographic identification by the referrer is day 0.				Apr 17 - Mar 18
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 on day of diagnosis.	Total new fetal cardiac diagnoses seen.	Annual	Annual	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)						Apr 17 - Mar 18

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CH07-P	Domain 1: Preventing people from dying prematurely.	Clinical Outcome	Risk adjusted survival	The PRAIS process uses a partial risk adjustment algorithm to produce an expected 30 day survival rate for children undergoing surgery for congenital heart disease. Following annual validation of a units data by NICOR, a calculation of the expected cumulative survival for the preceding three year period is made and compared with the observed survival. 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 survival (validated data)	Actual 30 day survival %.	PRAIS expected 30 day survival %	3 years	Annual	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		If coded as a intervention on CCAD / PRAIS	Apr 14 - Mar 17			
CH08-P	Domain 1: Preventing people from dying prematurely.	Clinical Outcome	Risk adjusted survival	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 survival ratio for the preceding 3 years (on a rolling basis).	Risk adjusted survival (unvalidated).	Actual 30 day survival %.	PRAIS expected 30 day survival %.	3 years rolling	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		This metric provides a more contemporary measure of paediatric cardiac surgical outcomes by using a unit's actual / PRAIS expected 30 day survival 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). This metric should use PRAIS2.	Jul 14 - Jun 17	Oct 14 - Sep 17	Jan 15 - Dec 17	Apr 15 - Mar 18
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	Annual	Annual	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		Units should use the report generated by the NICOR validation visit for this and submit once for the year. Where units have a combined DQI for data from paediatrics and ACHD they should submit the same value for both dashboards.	Please submit data for this indicator in the quarter the report generated by the NICOR validation visit is available			
CH10-P	Domain 4: Ensuring that people have a positive experience of care.	Process	Elective surgery Cancellations	Last minute cancellations for non-clinical reasons 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. 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.	Annual	Annual	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		Count all procedures that qualify as a surgical intervention for NCHDA/PRAIS submission. Cancellation for non-clinical reasons includes; 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 and due to an administrative error. 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.				Apr 17 - Mar 18

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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 procedures (surgery or catheter) within 30 days of an initial primary congenital cardiac surgical procedure (see notes).	All cardiac surgical procedures submitted to NCHDA excluding those classified as 'Minor and Excluded Procedures' via the specific procedure algorithm.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		Unplanned re-interventions include procedures that were not intended during the planning phase, follow an initial primary cardiac surgery and result in "substantive alteration to the heart" incorporating cardiac bypass, cardiac non bypass, pacemaker placement, interventional catheterisation and include diaphragm plication (which are not related to the heart itself). The definition does not include mechanical support or other non-cardiac surgery procedures and specifically excludes those procedures listed in the metrics definitions -appendix 1.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
CH12bi-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	Number of congenital cardiac surgical procedures followed by 1 or more significant procedure related complication either during the same admission or within 30 days of the procedure.	All cardiac surgical procedures submitted to NCHDA excluding those classified as 'Minor and Excluded Procedures' via the specific procedure algorithm.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		Indicator replaces indicator CH12b-P in Q2 1718. The number of congenital cardiac surgical procedures that are followed by one or more of the complications listed in the metric definitions (appendix 2), either during the same admission or within 30 days of the procedure.		Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
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 procedures (surgery or catheter) within 30 days of an initial primary congenital cardiac catheter intervention procedure (see notes).	All cardiac catheter intervention procedures submitted to NCHDA.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		Unplanned re-interventions include procedures that were not intended during the planning phase, follow an initial primary cardiac intervention and result in "substantive alteration to the heart" incorporating cardiac bypass, cardiac non bypass, pacemaker placement and interventional catheterisation. The definition does not include mechanical support or other non-cardiac surgery procedures and specifically excludes those procedures listed in the metrics definitions - appendix 1.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
CH14bi-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.	Number of congenital cardiac catheter intervention procedures followed by 1 or more significant procedure related complication either during the same admission or within 30 days of the procedure.	All cardiac catheter intervention procedures submitted to NCHDA.	Quarterly	Quarterly	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		Indicator replaces indicator CH14b-P in Q2 1718. The number of congenital cardiac catheter intervention procedures that are followed by one or more of the complications listed in metric definitions (appendix 3), either during the same admission or within 30 days of the procedure.		Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18

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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	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		An "In-patient stay" is defined as a hospital episode consisting of formal admission, allocation of a bed and discharge.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
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	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		An "In-patient stay" is defined as a hospital episode consisting of formal admission, allocation of a bed and discharge.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
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	Provider Organisations to submit data to the SSQD web portal. (Unit data)	Provider Organisations to submit data to the SSQD web portal. (Unit data)		An "In-patient stay" is defined as a hospital episode consisting of formal admission, allocation of a bed and discharge.	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17 - Dec 17	Jan 18 - Mar 18
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 - TBC	HES Data - TBC		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.	N/A	N/A	N/A	N/A
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 - TBC	HES Data - TBC		Future metric date of implementation TBC - Data will be transferred directly from HES.	N/A	N/A	N/A	N/A
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 - TBC	HES Data - TBC		Future metric date of implementation TBC - Data will be transferred directly from HES. Completeness of the waiting time fields in HES.	N/A	N/A	N/A	N/A

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

Appendix 1

For metrics CH11-P & CH13-P Procedure **codes** specifically excluded are listed below:

120625. Transluminal RV biopsy
123200. Post-operative procedure
123206. Lung biopsy procedure
123214. DC cardioversion
123217. Parietal pleurectomy
123218. Post-operative procedure to control bleeding
123221. Cardiac procedure (DESCRIBE)
123240. Pericardiocentesis
123241. Pericardiocentesis - open
123243. Pericardiocentesis - transcatheter
123246. Pericardial window creation
123253. Pericardial biopsy
123259. Procedure involving pericardium (DESCRIBE)
123280. Insertion of pleural tube drain
123283. Insertion of mediastinal tube drain
123310. Traumatic injury of heart repair
123351. Peripheral vascular procedure (DESCRIBE)
123352. Non-cardiothoracic / vascular procedure (DESCRIBE)
123353. Non-cardiothoracic-vascular procedure on cardiac patient
123713. Single lung transplant
123720. Double lung transplant
123760. Lung(s) transplant
124000. Thoracotomy
124006. Thoracoscopic approach (VATS)
124013. Minimally invasive procedure
124099. Cardiac incision
124300. Reoperation
124325. Palliative procedure
124500. Transluminal catheter procedure
124507. Transluminal diagnostic test occlusion
124559. Transluminal procedure using adjunctive therapy
126400. Bronchoscopy
126408. Bronchoscopic removal of foreign body
126420. Tracheal procedure (DESCRIBE)
126421. Tracheostomy creation
126440. Tracheobronchial reconstruction procedure
126505. Mediastinal exploration
126506. Mediastinal procedure
126513. Pectus carinatum repair
126514. Pectus excavatum repair
126523. Anterior chest wall (pectus) repair
126548. Sternal wire removal from previous sternotomy
126560. Delayed closure of sternum
126572. Open excision of pleural lesion
126600. Lung procedure
126601. Lung decortication

126602. Lung mass excision
126605. Lung lobectomy
126606. Pneumonectomy
126607. Lung sequestration repair
128000. Thoracic / mediastinal procedure (DESCRIBE)
130103. Transoesophageal echocardiography
130501. Diagnostic catheterisation procedure
130505. Diagnostic cardiovascular catheterisation procedure

Appendix 2

For metric CH12bi-P The number of congenital cardiac surgical procedures that are followed by one or more of the complications as listed:

- 158213. Acute kidney injury requiring haemofiltration or haemodialysis
- 150009. Requirement for mechanical circulatory support (including ECMO and VAD)
- 158375. Postprocedural necrotising enterocolitis - established requiring treatment
- 156741. Surgical site infection requiring surgical intervention
- 158064. Prolonged pleural drainage >7days
- 158190. Phrenic nerve injury requiring plication of hemidiaphragm
- 158086. Postprocedural requirement for tracheostomy
- 110633. Postprocedural complete atrioventricular block requiring permanent pacemaker

Appendix 3

For metric CH14bi-P The number of congenital cardiac catheter intervention procedures that are followed by one or more of the complications listed as below:

- 155151. Local complication at access site of cardiac catheterisation requiring transfusion
- 155152. Local complication at access site of cardiac catheterisation requiring thrombolysis
- 155153. Local complication at access site of cardiac catheterisation requiring surgical intervention
- 155061. Coronary arterial compression following transluminal device implantation
- 155037. Embolisation of catheter introduced device
- 155052. Erosion of or into cardiac structure by implanted transcatheter device
- 155071. Embolisation of stent
- 155065. Embolisation (dislodgment) of catheter introduced coil
- 155091. Stent left expanded in unplanned site after migration, embolisation or failure to deliver to intended site.
- 155078. Rupture of conduit or vessel following stent implantation
- 155154. Mechanical haemolysis due to transcatheter implanted device or coil, requiring transfusion
- 155040. Failed to implant coil/device during transcatheter intervention (device removed from packaging)
- 158375. Postprocedural necrotising enterocolitis - established requiring treatment
- 158257. Postprocedural new permanent neurological impairment (global or focal)
- 159094. Requirement for bailout transcatheter procedure following procedural complication
- 159095. Requirement for bailout surgical procedure following procedural complication