

Adult Critical Care Quality Dashboard 2018/19



| 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 | | Proportion 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 | ICNARC | ICNARC | | Lower is better | | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |
| ACC02aii | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge | | Proportion 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 | ICNARC | ICNARC | | Lower is better | | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 | Jan 19 - Mar 19 |
| ACC02bi | Domain 4: Ensuring that people have a positive experience of care. | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Higher is better | | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |
| ACC02bii | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Higher is better | | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 | Jan 19 - Mar 19 |
| ACC02ci | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Lower is better | | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |
| ACC02cii | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Lower is better | | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 | Jan 19 - Mar 19 |
| ACC02di | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Neutral | | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |
| ACC02dii | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Neutral | | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 | Jan 19 - Mar 19 |
| ACC02e | Domain 4: Ensuring that people have a positive experience of care | Process measure | Discharge times | | Proportion 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 | ICNARC | ICNARC | | Higher is better | | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |
| 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 | ICNARC | ICNARC | | Higher is better | | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |

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|----------------------------|---|-----------------|---|-----------|--|---|--|---|---|-------------------------|-------------------------|--------|-------------------------|--|-------------------|-----------------|-----------------|-----------------|
| | | | | | | | | | | | | | | | Q1 | Q2 | Q3 | Q4 |
| 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 submitted data | Provider submitted data | | Lower is better | This indicator was renumbered in Q1 1617, as period type changed to quarterly | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 | Jan 19 - Mar 19 |
| 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 submitted data | Provider submitted data | | Lower is better | Trusts are required to identify data by surgical speciality, within the note / comments section when submitting data | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 | Jan 19 - Mar 19 |
| 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 | ICNARC | ICNARC | | Lower is better | | Apr 17 - Mar 18 | Jul 17 - Jun 18 | Oct 17 - Sep 18 | Jan 18 - Dec 18 |
| 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 | ICNARC | ICNARC | | Lower is better | | Apr 17 - Mar 18 | Jul 17 - Jun 18 | Oct 17 - Sep 18 | Jan 18 - Dec 18 |
| ACC17b | 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 (calendar) days of in the critical care unit summed over admissions assigned to HRG XC07Z (no organ systems supported) or HRG UZ01Z (data invalid for grouping) | Number of bed (calendar) days in the critical care unit summed over all admissions to the unit during the reporting period | Quarterly (lagged 3 months to match validated data dates) | Quarterly (lagged 3 months to match validated data dates) | ICNARC | ICNARC | | Lower is better | HRG codes according to the HRG4+ 2016/17 Reference Costs Grouper algorithm. | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |
| ACC17c | Domain 4: Ensuring that people have a positive experience of care | Process measure | Number of patients assigned: Zero Organ HRG | | Percentage of patients assigned to zero organ HRG | Of those in the denominator, number of patients summed over admissions assigned to HRG XC07Z (no organ systems supported) or HRG UZ01Z (data invalid for grouping) | Number of patients discharged from Critical Care Unit to a ward in the same hospital or directly home | Quarterly (lagged 3 months to match validated data dates) | Quarterly (lagged 3 months to match validated data dates) | ICNARC | ICNARC | | Lower is better | HRG codes according to the HRG4+ 2016/17 Reference Costs Grouper algorithm. | Jan 18 - Mar 18 | Apr 18 - Jun 18 | Jul 18 - Sep 18 | Oct 18 - Dec 18 |

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