

Congenital Heart (Adults) Quality Dashboard 2020/21



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-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	MSB	MSB		on hold	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
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	MSB	MSB		on hold	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
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	MSB	MSB		on hold	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
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	MSB	MSB		on hold	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
CH05-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 (DQI)	Unit NICOR DQI	N/A	Annual	Annual	Provider submitted data	Provider submitted data		Trusts will use the report generated by the NICOR validation visit and submit once a year in Q4.  Where units have a combined DQI for data from paediatrics and ACHD they should submit the same value for both dashboards and advise in the indicator comments that combined data from paediatrics and ACHD has been submitted.	N/A	N/A	N/A	Apr 20 - Mar 21
CH06ii-A	Domain 4: Ensuring that people have a positive experience of care	Clinical 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.	Proportion of elective congenital cardiac surgery procedures cancelled at the last minute for a non-clinical reason	Total number of cases in the denominator cancelled at the last minute for non-clinical reasons	The total number of elective admissions for congenital cardiac surgery (including those cancelled at the last minute for non-clinical reasons) in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Count all scheduled procedures that qualify as a surgical intervention for NCHDA/PRAIS submission.  An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.  A last-minute cancellation is one that occurs on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation.  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.	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21

Congenital Heart (Adults) Quality Dashboard 2020/21



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
CH07bi-A	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical process	Reintervention rate after congenital cardiac surgery	The unplanned re-intervention rate is one measure of the quality of the surgical service.	30-day re-intervention rate following primary surgical procedure	Of those procedures in the denominator, the number resulting in unplanned re-interventions (surgery or catheter) within 30 days	The total number of primary congenital cardiac surgical procedures submitted to NCHDA in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted 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 in appendix 1.  Denominator note: Please exclude those procedures submitted to NCHDA that are classified as 'Minor and Excluded Procedures'.	Jan 20 - Mar 20	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20
CH08bi-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 following congenital cardiac surgery is one measure of quality for congenital cardiac surgical services.	30-day complication rate following primary surgical procedure	Of those procedures in the denominator, the number resulting in procedure-related complications within 30 days	The total number of primary congenital cardiac surgical procedures submitted to NCHDA in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Numerator note: Please see appendix 2 for the list of significant procedure related complications. Please also count any complications that occurred during the same admission.  Denominator note: Please exclude those procedures submitted to NCHDA that are classified as 'Minor and Excluded Procedures'.	Jan 20 - Mar 20	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20
CH09i-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.	30-day re-intervention rate following primary catheter intervention procedures	Of those procedures in the denominator, the number resulting in catheter interventions within 30 days	The total number of primary catheter intervention procedures submitted to NCHDA in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted 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 metric definitions in appendix 1.	Jan 20 - Mar 20	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20
CH10bi-A	Domain 3: Helping people to recover from episodes of ill health or following injury	Clinical outcome	Congenital cardiac catheter intervention procedures - significant procedure related complications	The frequency of significant procedure related complications after congenital cardiac intervention procedures is one measure of the quality of the congenital cardiac catheter intervention service.	30-day complication rate following primary catheter intervention procedures	Of those procedures in the denominator, the number resulting in complications within 30 days	The total number of primary catheter intervention procedures submitted to NCHDA in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Numerator note: Please see appendix 3 in the metric definitions sheets for the list of the significant procedure related complications. Please also count any complications that occurred during the same admission.	Jan 20 - Mar 20	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20
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	The number of inpatients under care of the adult congenital cardiac service acquiring new positive Clostridium difficile cultures	The total number of inpatient stays under congenital cardiac unit	Quarterly	Quarterly	Provider submitted data	Provider submitted data		An inpatient stay is defined as a hospital episode consisting of formal admission, allocation of a bed and discharge.	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
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	The number of inpatients under care of the adult congenital cardiac service acquiring new positive MRSA cultures	The total number of inpatient stays under adult congenital cardiac service	Quarterly	Quarterly	Provider submitted data	Provider submitted data		An inpatient stay is defined as a hospital episode consisting of formal admission, allocation of a bed and discharge.	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
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	The number of formal written complaints involving patients admitted under the care of the adult congenital cardiac service	The total number of inpatient stays under adult congenital cardiac service	Quarterly	Quarterly	Provider submitted data	Provider submitted data		An inpatient stay is defined as a hospital episode consisting of formal admission, allocation of a bed and discharge.	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21

Congenital Heart (Adults) Quality Dashboard 2020/21



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
CH17-A	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Outpatient delays	tbc	Proportion of patients waiting over the planned time for their follow up appointment	Of those in the denominator, the number of patients who waited over the planned time for the appointment	The total number of patients seen at a follow up outpatients appointment in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Surgical centre only	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21
CH18-A	Domain 4: Ensuring that people have a positive experience of care	Outcome Measure	Outpatient delays	tbc	Average waiting time from the planned appointment to the actual follow up appointment for patients waiting more than the planned time for their follow up appointment	The total number of days from planned follow up appointment to the actual appointment	The total number of patients seen at a follow up outpatients appointment who waited longer than the planned time in the reporting period	Quarterly	Quarterly	Provider submitted data	Provider submitted data		Surgical centre only	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21

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

# Appendix 1

## Metric CH07bi-A & CH09i-A

Those procedure codes specifically excluded are listed below:

120625. Transluminal RV biopsy  
123200. Post-operative procedure  
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**

### **Metric CH08bii-A**

**The frequency of significant procedure related complications after congenital cardiac surgery are one measure of the quality of the congenital cardiac surgical service. The number of congenital cardiac surgical procedures that are followed by one or more of the complications listed below:**

158257. New permanent neurological impairment (global or focal)

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

### Metric CH10bii-A

**The number of congenital cardiac catheter intervention procedures that are followed by one or more of the complications listed 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