

Same Day Emergency Care CQUIN

Introduction:

Each of the Same Day Emergency Care (SDEC) Commissioning for Quality and Innovations (CQUIN) are intended to promote and support the delivery and expansion of SDEC. In due course we expect data collection to be automated via the introduction of a Same Day Emergency Care data set (SD ECDS). This data set is already operational within the emergency departments of 98% of NHS trusts and NHS foundation trusts. Further development to include national early warning score (NEWS2) and frailty scoring is planned and 10 pilot sites are currently engaged in a feasibility study of the SDECDS.

We recognise that in year one data will need to be extracted from a variety of sources. We have created an [audit tool](#) to guide and enable data submission.

Principles:

1. Each of the CQUINS applies to all patients managed with the conditions (specified below) on a same-day basis. Such patients may present to the emergency department, clinical decision unit, medical admission unit or equivalent facility. A key purpose of the CQUIN is to avoid the need for care to be delivered in a pre-specified unit. It is the process and pathway that we wish to promote.
2. For each condition the audit relates to **eligible patients only**. If the patient does not meet the inclusion/exclusion requirements they should not be included in either the numerator or denominator. Reference to the exclusion criteria in the audit tool ensures that this is the case.
3. In all cases the denominator is the number of cases deemed suitable for SDEC by the patient's clinical team.

4. It is expected that the proportion of patients managed on an SDEC basis will be a subset of each of these conditions. For example, pulmonary embolus. Admission will still be appropriate for a significant proportion of these patients due to the complexity and, therefore, SDEC will be achieved for 50-75% of patients who are low risk.
5. Achievement of the CQUIN milestone of 50-75% is an annual target and, therefore encourages providers to do more throughout the year if this isn't met in Q1 and indeed Q2. The overall achievement will be measured.
6. Any one patient can only be submitted once for the purposes of the CQUIN.
7. Each CQUIN is concordant with The National Institute for Health and Care Excellence (NICE) guidelines.

Guidance:

CCG11a

Pulmonary embolus

- We have amended the audit tool to reflect the relevant diagnosis, investigation and treatment and removed a number of columns to reduce administrative burden. NICE/BTS guidance should still be followed in order to meet the CQUIN, the tool is to demonstrate this activity has taken place. Also note (although not required to record)
 - i) A D-dimer test is required only in Wells'-criteria defined low risk patients
 - ii) Patients may be discharged (on treatment) with a CT scan booked for the following day

CCG11b

Tachyarrhythmia with atrial fibrillation

- The CQUIN target is set at 50-75% which is higher than the rate indicated in the Ambulatory Emergency Care (AEC) directory. This reflects more recent published studies that indicate a higher proportion can be safely managed without admission. The target range overlaps both a conservative and more ambitious proportion.
- The CQUIN is for patients with a diagnosis of primary, uncomplicated atrial fibrillation (AF). It is explicit that patients in whom AF with rapid ventricular response is a

consequence of another acute illness eg infection or myocardial ischaemia are excluded.

- Chest x-ray (CXR) and troponin are no longer part of the audit tool but should be used as a marker of appropriate clinical assessment of such patients.
- CHA2ds2-VASc has been added to the audit tool to support the calculation of risk to patients potentially suffering a stroke. There may be additional risk assessments required to carry out assessment and treatment of a patient to clinically manage the condition, however, for audit purpose against the CQUIN there is no requirement to record all risk assessments carried out to clinically treat a patient.
- CHA2ds2-VASc has been included to ensure that patients with a score >1 is considered or commenced on anti-coagulation treatment.

CCG11c

Community acquired pneumonia (CAP)

- The CQUIN applies to community acquired pneumonia based on clinical history, examination findings and routine investigations. Importantly it relates only to patients who are deemed appropriate for SDEC by the clinicians caring for them. The target of 50-75% applies to patients with a CRB65 score of one or zero – it is not the proportion of all CAPs.
- The audit tool no longer includes the requirement to record FBC, U&Es and oxygen as a marker of appropriate assessment of these patients but should still be carried out in line with clinical decision-making and national guidance.

The audit tool has been amended to reflect the relevant diagnosis, investigation and treatment and removed a number of columns to reduce administrative burden. National guidance should still be followed in order to meet the CQUIN, the tool is to demonstrate this activity has taken place.

Frequently asked questions

Section 1: Patient flow

1. Which patients can be included in the audit?

Any patient who attends the emergency department (ED) or referred directly to an admitting facility providing Same Day Emergency Care can be included in the audit. It is essential that the Clinician providing SDEC care confirms the patient is eligible for the CQUIN as set out in the national audit tool.

2. Can a patient be discharged from their initial attendance and return the next day for continuation of treatment?

Yes. For those services who have pathways that bring patients back the next day these patients can be included.

3. What would the clock stop and start times be if a patient returned the next day?

A patient who attends ED and is seen, treated and discharged will have a clock start and stop on this episode of care. For a patient who is seen and treated in ED the clock would stop in ED if the patient is referred to an SDEC service and would be classed as an admission from this point forward.

4. How is Same Day Emergency Care classed?

A patient who is seen over a 24-hour period as it is recognised that some SDEC patients may span midnight, due to the inability to record 24 hour care on current hospital systems. This is the main reason we are prioritising the implementation of ECDS in SDEC; to allow us to understand these episodes and remunerate accordingly.

5. Are the CQUINs just for admitted patients?

[See Principle 1:](#)

Section 2: Audit tool

6. Why are there exclusion criteria on the audit tool

The audit tool has been amended following the webinars held in May and June 2019 to remove exclusion criteria to avoid confusion and unnecessary administrative burden.

7. Why is there additional pathway information on the audit tool when this is not part of the CQUIN?

For the CQUIN to be compliant each clinical scenario must be supported by national guidance and where clinically appropriate, there will be additional clinical criteria to meet to support the patient receiving a quality innovation payment.

8. Can incomplete records be included in the audit?

It is important that all records are included, and we require all data items to be completed. Incomplete records cannot be included in the numerator.

9. Can a re-admission or re-attendance be included?

Re-admission or re-attendance for the same condition cannot be included in the numerator or denominator

10. How many case notes do I need to collect for audit compliance?

100 case notes for each CQUIN per quarter, so 300 in total each quarter if all CQUINs being applied for or the total number of patients treated with the CQUIN condition if this is less than the maximum.

11. Is there a baseline of data to be collected? And if so, what are the milestones?

There is no need for establishing baselines as there are no improvement thresholds for CQUIN. The CQUIN if required to be baselined can be the absolute delivery as of now:

Denominator = patient deemed suitable for condition

Numerator = % of patients who receive SDEC care

12. Where can I find the audit tool?

<https://improvement.nhs.uk/resources/ambulatory-emergency-care-publications-index/>

13. In the audit tool D-Dimer is expressed within two hours of patient attending. NICE guidance for pulmonary embolism (PE) does not support this timeframe.

When first putting the CQUIN together the inclusion was intended to support patient flow, rather than have clinical significance. We have now removed this from the audit tool.

14. When can data be submitted for compliance?

Quarter 1 data must be submitted from the date the data collection opens and the following 5 weeks. Previously, it was suggested that Q1 could have been submitted at the same time as Q2 but this is not permissible. Iterations of the CQUIN documentation post publication has reduced the number of inappropriate codes and, therefore, should add no additional risk to data collection and submission. All data must be submitted in line with national guidance.

See section 6 below.

Section 3: Specification template

**15. Why are there additional ICD-10 codes not related to the clinical scenario?
Which patients can be included in the audit?**

The specification template has now been amended following feedback from providers and commissioners.

16. Some codes are missing, do these need to be included?

The SDEC CQUINs are for low risk patients and, therefore, those conditions such as Pneumonia with more severe illness are unlikely to be treated in an SDEC environment.

Section 4: Clinical queries

17. Q. Why are patients with <90mmHg not included in SDEC?

It is unlikely these patients will be well enough to attend an SDEC setting. This has now been removed from the audit tool.

18. Is AMTS4 equivalent to Mini Mental Test Score 8?

AMST4 = MMTS 8 or 9

19. Why is the achievement set at 75% for achievement when the AEC Directory indicates up to 60% conversion rate?

Recent research in this area eg [NEJM article on early vs delayed cardioversion](#) suggests that it is safe to treat more of these patients as/in an outpatient setting.

20. Using the CRB65 score

The CRB65 score is used to rule out patients who might be unsuitable for SDEC. Only patients with a CRB65 between 0-1 should be included in SDEC.

21. CURB65 v CRB65.

As per NICE guidance CT0191 both the CURB65 AND CRB65 may be used to identify patients with pneumonia who are at risk.

CRB65 is used at the point of streaming, when the patient's urea may not be known. This CQIN uses CRB65, and only patients with a CRB65 score 0-1 should be included in this CQIN.

For more information: <https://pathways.nice.org.uk/pathways/pneumonia/assessment-of-community-acquired-pneumonia.pdf>

22. Pregnancy is not mentioned as an exclusion criteria for OP management of PE, however, it is in the HESTIA score?

We are obliged to ensure the CQUIN aligns with NICE guidance. Some exclusions are sufficiently uncommon as to have little effect upon the numbers of eligible patients. Thromboembolism in pregnancy and the puerperium is complex and while some of these patients can be treated as an outpatient, this depends on a variety of factors and is, therefore, a clinical decision whether to exclude these patients based on clinical presentation.

23. Is the potential for CAP lower than expected for SDEC conditions because only a small proportion of patients usually go (current best care) home within two nights?

The purpose of the CQUIN is to bring all providers up to a 'good' standard. We realise that many centres will be able to achieve more than this.

24. For the CAP CQUIN the inclusion of respiratory rate please can you confirm if this is the first recording at any point?

If the respiratory rate or blood pressure at any point exceed the threshold of the CRB65 test this would mean the patient is ineligible for the CQIN.

The intent is that at any time e.g. if the BP is <90/60 mmHg at any point the patient would be ineligible for the CQUIN.

25. Should D-dimer be carried out on low risk patients?

D-dimer should only be carried out on low risk patients, although, it is recognised not all patients will have a D-dimer with a suspected or confirmed PE. It is reasonable not to do a D-dimer in some patients eg medium to high risk, as clinicians should be carrying out a definitive investigation eg VQ or CTPA. The audit tool has removed the requirement to record this information.

26. Regarding data collection for AF with tachycardia should Postural Orthostatic Tachycardic Syndrome (POTS) be excluded and is there a specific code for POTS?

POTS is a very rare diagnosis and usually occurs in young females and may be a normal physiological variant. It is not included in this CQUIN as they are aimed at older patients aged 40+ with other co-morbidities. There should not be significant overlap in the coding of these patients.

27. Should patients with a NEWS2 score of 5+ be included?

No, trying to find this data would be difficult. Using one score is easier. However, one of the future pieces of work is to integrate NEWS2 into ECDS, from 2020. Until then, we cannot rely on NEWS2 inclusion consistently.

28. Why is 'no history of cancer' on the clinically appropriate exclusion criteria in the PE CQUIN when patients have a high chance of PE if they have cancer?

This will remain a clinical decision to include as part of an SDEC CQUIN. Most patients are unlikely to be treated in SDEC.

Section 5: Finance

29. How will payment be received given that the audit is quarterly?

Payment will be received following compliance of achievement of the CQUIN in accordance with local commissioning arrangements. Therefore, CQUINs may be paid monthly, quarterly

or annually dependent upon the contractual arrangements. It is likely that CCGs will pay the provider ahead of the publication schedule and reconcile over payment if the CQUIN has not been met.

30. Will the payment levels be assessed on a quarterly or annual basis?

The minimum and maximum payment levels for achieving the CQUIN is based on a full year compliance. For Q1 for example, if the minimum of 50% compliance has not been met then Q2-4 will need to exceed the minimum in order to achieve the CQUIN. The same applies for the maximum.

31. How will hospitals who are contracted by two Clinical Commissioning Groups (CCGs) meeting the criteria for CQUIN payment

If a provider has multiple sites commissioned by different CCGs then it is expected that multiple contracts exist. Where this is the case the CQUINs will need to be met for each contract. Where there is a single contract over multiple sites then the CQUIN applies to the single contract value.

Section 6: Data Submission

Submission Window	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Opens	July 15 th 2019	October 14 th 2019	January 13 th 2020	April 13 th 2020
Closes	August 16 th 2019	November 15 th 2019	February 14 th 2020	May 15 th 2020

Section 7: Audit process (example)

Audit sample

Ask Information Services to provide a list of all patients aged 18 or over who **attended** or were **admitted** to A&E, AMU, SAU and other areas that see ambulatory or same day emergency care patients. Select 100 of the total number of patients per CQUIN condition (or less if the maximum has not been reached). The patients should have a **primary** diagnosis of:

Step 1:

- Pulmonary embolus with ICD-10 codes 1260, 1269, SNOMED codes 59282003. Exclude any case with cancer, heart failure or COPD, pulmonary fibrosis, bronchiectasis and a NEWS2 score of 5 or more and patients who died.

Step 2:

- Atrial fibrillation with ICD-10 codes: 144.0-7, 145.0-9 (excluding 1457), 147.0, 147.2, 147.8, 148.0-9, 149.1-2, 149.4-5, 149.8-9, R00.0, R00.2, R00.8, SNOMED codes: 49436004. Exclude any case with chest pain or a myocardial infarction and a NEWS2 score of 5 or more and patients who died

Step 3:

- Pneumonia with ICD-10 codes: J10.0– J12.0-3, J12.8-9, J13x, J14x, J15.3-9, J16.0/8, J17.01, J17.8, J18.0-1 J18.8-9 SNOMED codes: 278516003, 233604007, 50417007. Exclude any case with delirium or confusion and a NEWS2 score of 5 or more and patients who died.

Step 4:

- For each case the clinician must ask **‘Is this patient suitable for same day emergency care?’**

If no – exclude from the audit. End of audit for this case.

If yes – include in the audit. (Denominator)

Step 5:

- For patients included in the audit the clinician must ask 2 questions:

- **‘Did the patient receive care based on national guidance?’**

- For pulmonary embolus – let the clinician decide whether the patient had a physical examination, chest X-ray, a Wells score and if less than 4 a D-dimer blood test (low risk patients only). If D-dimer positive, CTPA or VQ scan and anticoagulant treatment. Answer Yes or No.
- For atrial fibrillation - let the clinician decide whether the patient had an ECG, assessment of stroke & bleeding risk, anticoagulation and/or antiplatelet therapy. Answer Yes or No.
- For community acquired pneumonia - let the clinician decide whether the patient had a chest X-ray, CURB65 score & antibiotics. Answer Yes or No.

AND

Step 6:

- **‘Did the patient go home within 24 hours?’**

If the answers to Step 2 question 1 and 2 are yes - PASS.

If the answers to Step 2 question 1 and 2 are no – FAIL

If the answers to Step 2 question 1 is yes and question 2 is no – FAIL

Worked example:

In Q1 Information Services identified 95 cases with a primary diagnosis of community acquired pneumonia.

For each of the 95 cases the clinician asked **‘Is this patient suitable for same day emergency care?’**

- 70 cases were not suitable for same day emergency care and were excluded from the denominator. End of audit for these cases.
- 25 cases were suitable for same day emergency care and were included in the audit (Denominator)

Step 5: ‘Did the patient receive care based on national guidance?’

For community acquired pneumonia - the clinician decided 15 patients had a chest X-ray, CRB65 score of 0 – 1 & antibiotics.

AND

Step 6: ‘Did the patient go home within 24 hours?’

15 patients went home the same day

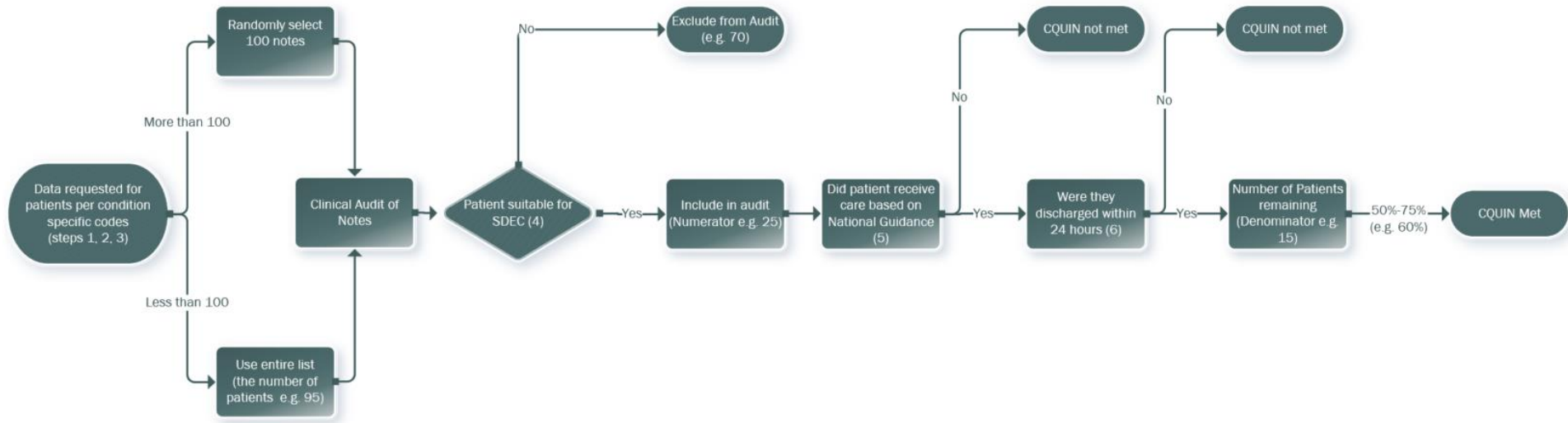
Result

$$\frac{15 \text{ (numerator)}}{25 \text{ (denominator)}} = 60 \% \text{ PASS rate}$$

The clinician considered the result felt right because:

- the local GP community is good at responding to emergency conditions and avoiding hospital admissions

Same Day Emergency Care CQUIN Process Flow (example)
Please refer to section 7 FAQ's



Worked Example:

Number of patients selected for audit = 95
 Number of patients excluded from audit as not SDEC suitable = 70

New Numerator for audit purposes = 25 (Numerator)
 Number of patients that met CQUIN criteria = 15 (Denominator)

% of patients meeting SDEC CQUIN criteria $15/25 = 60\%$ Successful CQUIN Met