Yr Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant
Department for Health, Social Services and Children

Llywodraeth Cymru
Welsh Government

To: All LHB Directors of Planning /Performance
All LHB Heads of Information

Cc: Medical Directors (for information)

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9th December 2011

Dear Colleagues

Unscheduled Care 4 & 8 Hour Measurement and Reporting

Further to previous discussions, I am writing to formalise the improvements in how NHS Wales will need to monitor patient flow through Emergency Departments (ED). The core principle for this change is to ensure that a clinicians decision about patient care **must** take priority above all else; regardless of whether this results in a four hour target being missed. Timely access to treatment will still remain an important quality measure for NHS Wales however we must recognise and increasingly focus on patient outcome measures.

These principles are recognised and supported by the College of Emergency Medicine and our staff.

Secondly, we anticipate that by formalising these changes, there is an expectation that there will be a standardisation in reporting practices across NHS Wales. Despite previous national guidance on how ED targets should be measured there remains considerable variation in reporting and if /when we attempt to benchmark against any of the home nations, the inconsistencies are compounded.

For example, other countries legitimately apply clinical exclusions for certain patient types in which ED offers the only appropriate facility and expertise that is suited to the patient's current condition. We need to recognise this approach within NHS Wales, as there are often circumstances where, in the judgement of the senior doctor and nurse, it is clinically appropriate for a patient to remain within the department for longer than four hours.

Clinical Criteria

In practice this means that:

- If a clinician decides that the safest place for a patient is the Emergency Department, the patient should remain there until it is safe to move them; and /or
- Patients should not be admitted **solely** to avoid a breach of the four hour target. Clinicians should admit patients only to appropriate facilities and only when it is appropriate to do so.

In order to deliver a consistent approach across Wales and with **immediate effect,** we will utilise the broad criteria recognised by the DH and the CEM for clinical exceptions who spend more than four hours in the emergency department.

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These patients are broken down into two broad categories:-

1. Those who need the facilities of the main emergency department, often the resuscitation room:

    - Patients in the resuscitation room undergoing active resuscitation whose clinical condition would be jeopardised by the transfer to another area;
    - Patients who unexpectedly deteriorate and need the continued care of emergency department specialists.
    - Patients who, despite the efforts of the emergency department team are expected to die imminently and should not be moved.

2. Those who are cared for by Emergency Medicine specialists but do not need the specific facilities of the main department (i.e. best cared for in a ward environment, for example an observation area or clinical decision unit that is adjacent to the main department):

    - Patients needing a short period of intensive investigation to rule out serious illness who are liable to go home e.g. patients with chest pain who need tests several hours after onset of the pain (examples included patients awaiting Troponin T Test);
    - Patients needing a period of a few hours recovery e.g. following sedation to enable a dislocation to be treated, after alcohol /drug ingestion, self-harm patients etc;
    - Patients requiring a period of brief treatment with the expectation of going home e.g. a person with mild dehydration who is given some fluids over a few hours;
    - Patients requiring observation, e.g. minor head injury, patients after a seizure to ensure full recovery and no further fits or after possible ingestion of excessive amounts of drugs.

The only exceptions to the target are those cases where it is believed that clinical care is best undertaken in the main emergency department.

Where it is deemed clinically appropriate, any patient who meets the above criteria should be identified at the time a clinical decision is made, this time will need to be recorded to ensure that 4 & 8 performance can be correctly recorded and reported (**Appendix 1** - Details the data capture requirements).

You will be aware that we recently established EDDS (Emergency Department Data Set) as the one source of data to be used in the production and publishing of four and eight hour waiting times for **major** emergency departments across NHS Wales on a daily and monthly basis.

Further enhancement of EDDS will still be required to fully capture and evidence the clinical criteria. This work will be undertaken to ensure that the necessary changes meet the needs of the Welsh Information Standards Board and will be issued as a DSCN at the earliest possible opportunity. The process has also been agreed and worked through with colleagues in Health Statistics (KAS).

If you have any questions relating to this letter , please contact either Roger Perks roger.perks@wales.gsi.gov.uk or Andrew Sallows Andrew.sallows@wales.nhs.uk.

Yours sincerely

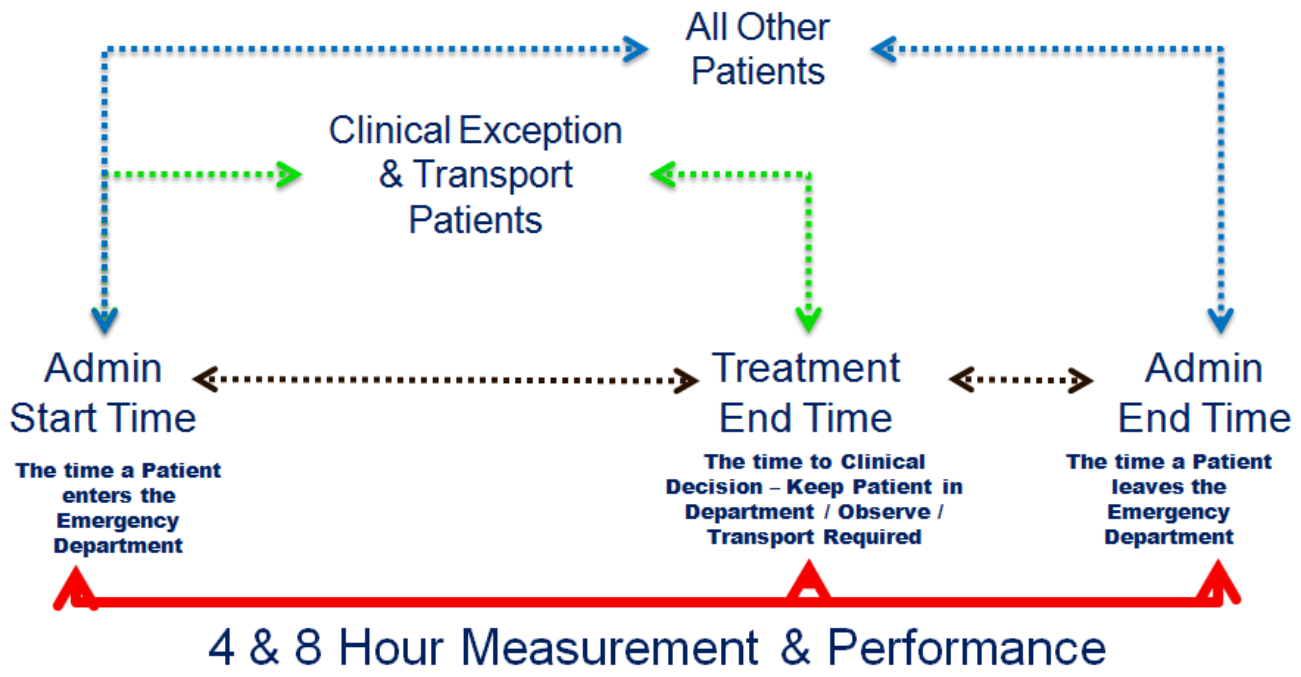
Richard Bowen
Director of Operations

Appendix 1

4 & 8 Hour Data Capture Requirements

The changes to the 4 & 8 measurement guidelines outlined above will need to be fully captured within our current reporting mechanisms. In the longer term this will require enhancement of the EDDS dataset to facilitate and evidence the times and reasons for stopping the 4 & 8 measurements before the patient physically leaves the department.

However in the short term, we need to be able to capture and report performance using the new guidelines, a suggested process has been discussed and agreed with Heads of Information recently, the methodology for which is detailed in the diagram below :-



For daily and monthly data submissions where a patient is a clinical exception or is waiting for transport the EDDS submission will be expected to contain data entries for the Admin Start Time, Treatment End Time and Admin End Time.

The Admin Start Time to Treatment End Time will be recorded against the 4 & 8 hour measure for this patient cohort.

For all other patients the EDDS submission will contain data entries for the Admin Start Time and Admin End Time. The Treatment End Time, even if complete on your local system, should be blank in your daily and monthly EDDS submissions.

The Admin Start Time to Admin End Time will be recorded against the 4 & 8 hour measure for this patient cohort.

In summary, where a Treatment End Time is present in the daily and monthly EDDS submissions, it will be assumed that a clinical exception applies and the 4 & 8 hour measure will be based on this time. Where a Treatment End Time is **not** present, it will be assumed that a clinical exception does **not** apply and the 4& 8 hour measure will be calculated using Admin End Time.

Utilising this approach will enable us to understand the frequency each LHB captures clinical exception and transport patients, these volumes will be shared and discussed with LHBs to help understand and explain any significant variations in practice and help inform the longer term enhancement requirements.