EmLap Comparative Dashboard

Royal Victoria Infirmary (RVI)

Overview

- This presentation gives examples of the spreadsheet outputs.

- The spreadsheet produces comparative information for the measures within the care bundle.

- Newcastle provided patient level non-identifiable data for Y5.

- Currently the dashboard just shows data for the RVI but it can be populated with data for the other hospitals in the region.

- Questions of interest are shown on the final slide.

EmLap Dashboard Contents

|	
All Hospitals	Limit by AHSN area if desired and choose a measure from the drop down lists at the top and compare hospital progress against each other. Choose either named or anonymous
All Measures	Limit by AHSN area if desired, then choose hospital from the drop down lists at the top to see performance across the care bundle. Choose either named or anonymous
All Outcomes	Limit by AHSN area if desired, then choose hospital from the drop down lists at the top to see performance across all outcomes. Choose either named or anonymous
Hospital vs Average Measures	Limit by AHSN area if desired and choose hospital and period from the drop down lists at the top to see hospital bundle performance against AHSN and overall average. Choose either named or anonymous
Hospital vs Average Outcomes	Limit by AHSN area if desired and choose hospital and period from the drop down lists at the top to see hospital outcome performance against AHSN and overall average. Choose either named or anonymous
Hospital performance over time	Choose a Hospital and see performance for all metric over time
Patient Volumes	Choose Hospital and see the numerators and denominators used to display the percentages elsewhere. Also use to see patient volumes per period
Patient Benefits	See how many patients have benefitted from the ELC so far

EmLap Dashboard - All Measures

Royal Victoria Infirmary Bundle Performance over Time
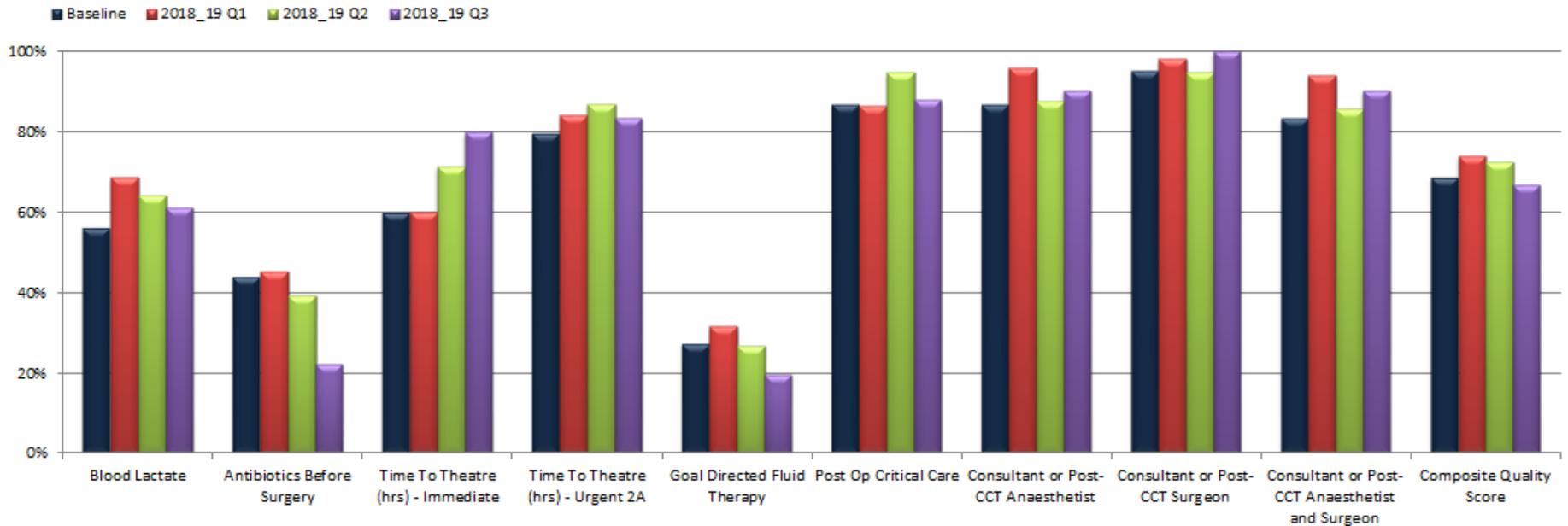
EmLap Dashboard - All Outcomes

Royal Victoria Infirmary Outcomes over Time
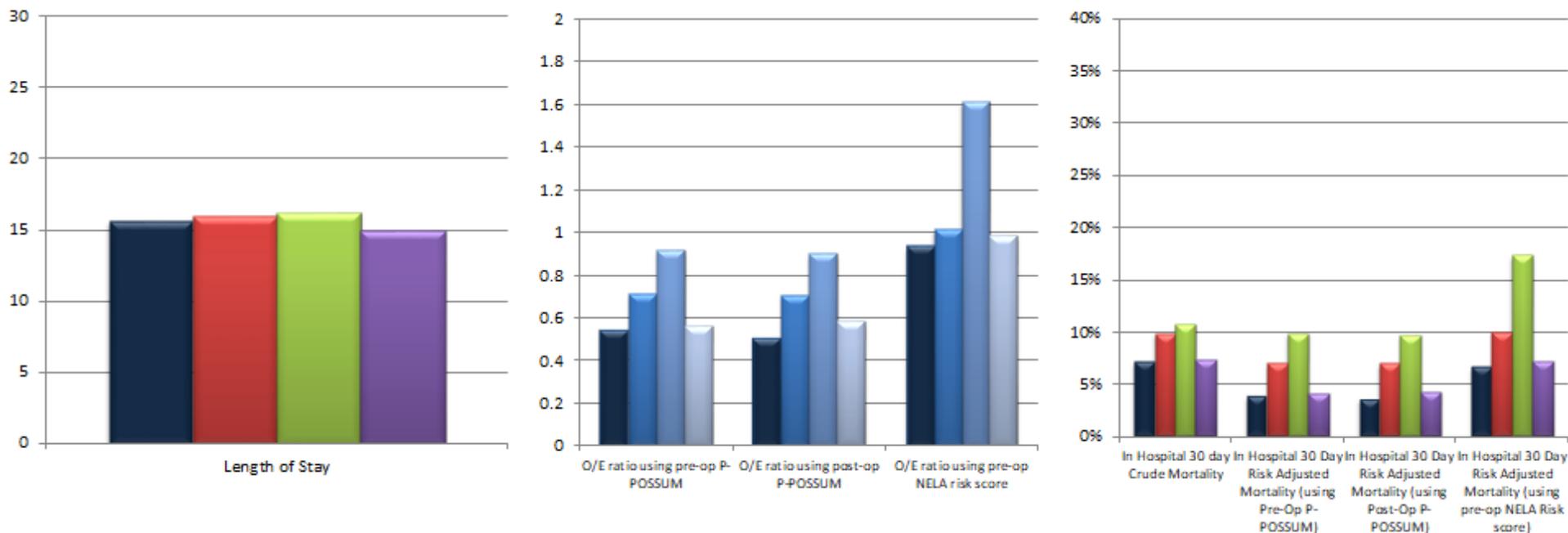
Hospital Performance over Time

Royal Victoria Infirmary Bundle Performance over Time

Measure	Baseline	2018_19 Q1	2018_19 Q2	2018_19 Q3
Blood Lactate	56.0%	68.6%	64.3%	🚩 61.0%
Antibiotics Before Surgery	44.0%	45.1%	39.3%	🚩 22.0%
Time To Theatre (hrs) - Immediate	60%	60%	71%	🚩 80%
Time To Theatre (hrs) - Urgent 2A	79.5%	84.0%	87.0%	🚩 83.3%
Goal Directed Fluid Therapy	27.4%	31.4%	26.8%	🚩 19.5%
Post Op Critical Care	86.9%	86.3%	94.6%	🚩 87.8%
Consultant or Post-CCT Anaesthetist	86.9%	96.1%	87.5%	🚩 90.2%
Consultant or Post-CCT Surgeon	95.2%	98.0%	94.6%	🚩 100.0%
Consultant or Post-CCT Anaesthetist and Surgeon	83.3%	94.1%	85.7%	🚩 90.2%
Composite Quality Score	68.7%	74.1%	72.4%	🚩 66.9%
Length of Stay	15.6	16.0	16.2	🚩 14.9
In Hospital 30 day Crude Mortality	7.1%	9.8%	10.7%	🚩 7.3%
In Hospital 30 Day Risk Adjusted Mortality (using Pre-Op P-POSSUM)	3.8%	7.0%	9.8%	🚩 4.1%
In Hospital 30 Day Risk Adjusted Mortality (using Post-Op P-POSSUM)	3.6%	6.9%	9.7%	🚩 4.3%
In Hospital 30 Day Risk Adjusted Mortality (using pre-op NELA Risk scor	6.6%	9.9%	17.3%	🚩 7.2%
O/E ratio using pre-op P-POSSUM	0.536	0.714	0.918	🚩 0.562
O/E ratio using post-op P-POSSUM	0.502	0.708	0.902	🚩 0.584
O/E ratio using pre-op NELA risk score	0.928	1.014	1.613	🚩 0.983
Denominator	84	51	56	41

Flags compare latest quarter result with baseline result

NENC Hospital Performance over Time

NENC Hospitals Blood Lactate Performance over Time
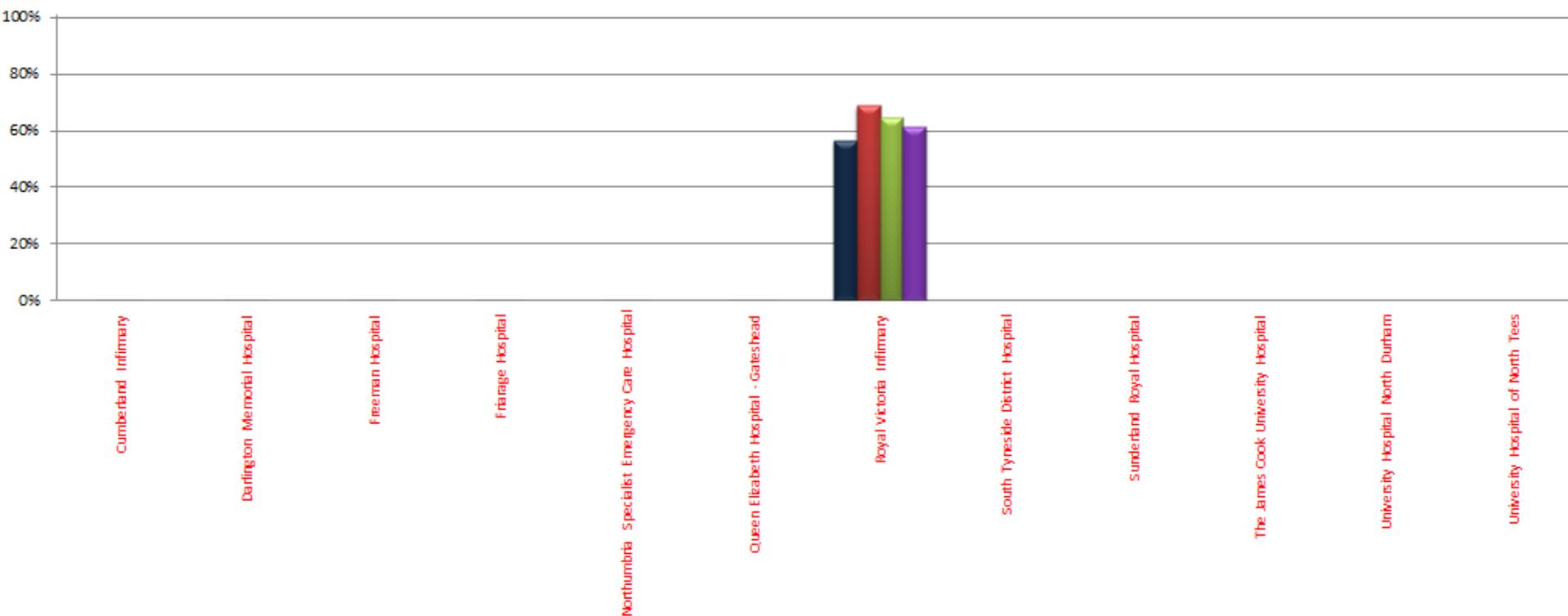
NENC Hospital Patient Volumes

RVI Numerators and Denominators by measure

No	Measure	Baseline Num	Baseline Den	2018_19 Q1 Num	2018_19 Q1 Den	2018_19 Q2 Num	2018_19 Q2 Den	2018_19 Q3 Num	2018_19 Q3 Den
1	Blood Lactate	47	84	35	51	36	56	25	41
2	Antibiotics Before Surgery	37	84	23	51	22	56	9	41
3	Time To Theatre (hrs) - Immediate	3	5	6	10	5	7	4	5
4	Time To Theatre (hrs) - Urgent 2A	31	39	21	25	20	23	10	12
5	Goal Directed Fluid Therapy	23	84	16	51	15	56	8	41
6	Post Op Critical Care	73	84	44	51	53	56	36	41
7	Consultant or Post-CCT Anaesthetist	73	84	49	51	49	56	37	41
8	Consultant or Post-CCT Surgeon	80	84	50	51	53	56	41	41
9	Consultant or Post-CCT Anaesthetist and Surgeon	70	84	48	51	48	56	37	41
10	Composite Quality Score	261	380	177	239	184	254	121	181
11	Length of Stay	1,311	84	818	51	910	56	611	41
12	In Hospital 30 Day Crude Mortality	6	84	5	51	6	56	3	41
13	O/E ratio using pre-op P-POSSUM	6.000	11.192	5.000	7.007	6.000	6.538	3.000	5.336
14	O/E ratio using post-op P-POSSUM	6.000	11.952	5.000	7.058	6.000	6.652	3.000	5.138
15	O/E ratio using pre-op NELA risk score	6.000	6.468	5.000	4.933	6.000	3.719	3.000	3.053
16	In Hospital 30 Day Risk Adjusted Mortality (using Pre-Op P-POSSUM)	0.536	0.071	0.714	0.098	0.918	0.107	0.562	0.073
17	In Hospital 30 Day Risk Adjusted Mortality (using Post-Op P-POSSUM)	0.502	0.071	0.708	0.098	0.902	0.107	0.584	0.073
18	In Hospital 30 Day Risk Adjusted Mortality (using pre-op NELA Risk score)	0.928	0.071	1.014	0.098	1.613	0.107	0.983	0.073

North East Quality Observatory Service

1. How useful is this information to Trusts?
   (Clearly it will become more interesting with more data).

2. How useful is the comparative information?

3. a) What is the right frequency to produce this?
    - doing this for Y5 would give trusts a feel for last year

   b) Will the audit support quarterly updates or is current practice geared towards the annual production of data?