

casualtywatch



... **working** to end long waits in A&E

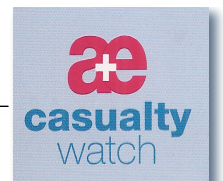


**A Record of Patients' Waiting Times
in Accident and Emergency Departments**



A HAPIA GOOD PRACTICE GUIDE

Healthwatch Monitoring of
Accident and Emergency Care



Healthwatch and Public Involvement Association

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HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

CASUALTY WATCH

Systematic, simultaneous, co-ordinated inspection of health and social care service has not emerged as a method used by local Healthwatch or its predecessor organisations (LINKs and Patients' Forums) to assess the safety and effectiveness of care systems. Lay monitoring and advisory roles have concentrated on developing local initiative, e.g. following surveys of services users, monitoring visits to health and social care services, and reconfiguration plans. Casualty Watch is an example of a co-ordinated response to critical patient safety issues, using rapid high quality data sources and their analysis, to provide service quality data about patients receiving emergency care.

BACKGROUND

Casualty Watch is a highly effective means of monitoring emergency services provided by acute hospital. It was first developed as a tool for monitoring emergency care systems provided by King's College Hospital, in London, in 1990 and was initiated by Southwark Community Health Council following a decision by King's College Hospital to close hundreds of beds in August 1989; a decision which immediately led to the widely publicised "ware housing" of seriously ill people on trolleys instead of admission or effective discharge. This practice spread to other hospitals. Patients were found to have waited for 20 hours or more on trolleys in A&E Departments and fears mounted for the safety of vulnerable people in A&E.

Casualty Watch eventually covered the whole of London on a monthly basis and then the whole of England biannually. The project led to the introduction of 4 hours targets (from admission to A&E, to discharge or admission to hospital) that transformed emergency care, especially for vulnerable people. The first multi-site co-ordinated simultaneous Casualty Watch took place on 25th April 1994 and included CHC's monitoring A&E Departments at King's, Guy's and St Thomas', Newham General, The Royal London, Homerton, Barts, Greenwich General, Queen Mary Sidcup, Bromley, Tunbridge Wells and Brighton.

METHODOLOGY

Healthwatch volunteers collect information from their local A&E department at an agreed time, e.g. on the last Monday of each month at 4.30 pm.

For co-ordinated projects several Healthwatches could agree a time and day to collect the data. This is important because if one A&E is full an ambulance may take the patient to the next nearest hospital. Collecting simultaneous information from neighbouring A&E departments can be invaluable in helping to clearly see the picture in a large city or region.

The results are sent to the Healthwatch office, e.g. by fax. If coordinated data collection is taking place one Healthwatch office should agree to collect and process the data for all participating Healthwatches.

The results can be rapidly processed and details of the worst trolley waits issued by 11 .00 am on the day following data collection and full reports issued within one week covering a large geographical area.

Collecting Casualty Watch data may take volunteers up to an hour in A&E - but this depends on the pressure in the A&E on the day of collection. Information collected may include time of arrival, length of wait, presumptive diagnosis, plans for patients, age, gender and postcode. The patient's name is never recorded. **See Appendix One.**

Collecting Casualty Watch data enables regular monitoring of local A&E departments every month for many months, or years if longitudinal data was needed to assess the impact on services of structural changes to A&E services.

Casualty Watch is a powerful tool because it puts valuable fresh detailed data in the hand of local Healthwatch that can facilitate effective discussions with providers and commissioners and by providing the depth of information needed to press for better services, more beds and appropriate and humane treatment for seriously ill people. It can also provide the data needed by Healthwatch England to press the case for adequate resources locally and nationally to redevelop A&E departments.

OTHER APPROACHES TO COLLECTING A&E DATA

A&E departments collect data on achievements against targets for adults, paediatric and urgent care (primary) provided within A&E. They will also produce data showing the reasons for their failure to achieve targets. **See Appendix 2A and 2B.** The A&E manager should be able to provide this data on a daily basis but it may be difficult to obtain.

TARGETS

The target for patients in A&E is for 95% of patients to be admitted or discharged within 4 hours of arrival in A&E. The A&E weekly activity statistics, for the NHS and independent sector organisations in England include:

Total number of attendances in the week for all A & E types, including Minor Injury Units and Walk-in Centers, and of these, the number discharged, admitted or transferred within four hours of arrival.

- Number of admissions via A&E, and any waits over four hours and over 12 hours for admission following a decision to admit

You can see the data on the NHS England website:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14/>

Definitions and Guidance:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

You can contact the department that produced the data at:

Analytical Service (Operations) NHS England Quarry House Leeds LS2 7UE Email:
unify2@dh.gsi.gov.uk

GUIDANCE NOTES FOR SETTING UP CASUALTY WATCH

1. DISCUSSION WITH HOSPITAL MANAGEMENT

- Start by discussing the project with the Management of the Hospital Trust and brief the Clinical Commissioning Group (CCG)
- Explain that Casualty Watch is a community monitoring tool, used to assess how well A&E departments are functioning from the patients' viewpoint, and to assess the effect of inappropriate admissions, poor discharge procedures, bed closures, A&E closures, etc.
- Your initial approach and explanation is of great importance, and will set the scene for future co-operation with hospital staff.

2. IDENTIFY KEY MEMBER(S) OF A&E STAFF

- Establish contact with the member of staff (probably the A&E Manager or Consultant) who will be giving you the information, or will enable you to gather it.
- Explain why you want the data, and when you will be collecting it.
- Make it clear exactly when Casualty Watch will take place, and establish exactly who from A&E will be available to assist you at that time.
- Give the A&E Manager a call on the morning of the Casualty Watch survey as a reminder, and let them know the time you will be conducting the survey.

3. DECIDE WHO WILL BE DOING THE VISIT

- Decide whether the exercise is to be carried out by Members or Staff, and then identify who will be available at the appointed time and date.
- It is better for two people to collect the data.
- Ensure that whoever is chosen is fully briefed on what is required.
- Ensure that the data collectors have Healthwatch ID.

4. THE VISIT

- If the groundwork has been done in advance, Casualty Watch should take about one hour.
- On a very busy day, or if the visit coincides with a major emergency, it may take longer.
- The Healthwatch representative should make contact with the allocated A&E staff member and obtain the information as quickly as possible, causing the minimum of disruption.

5. COLLECTING THE DATA

- The method of gathering information will depend on the procedure used in the A&E Department.
- Data may be displayed on a computer screen, on a computer board at the central place in A&E.
- If the staff knows in advance what you need, they will be able to obtain the data quickly.
- Ensure a 'presumptive diagnosis' is provide for a patient, not terms such as 'medical' or 'surgical'.
- Patients should never be approached and questioned during a Casualty Watch visit, because this will distort the very specific function of Casualty Watch.

6. COMPLETING THE REPORT FORM

- Ensure the Casualty Watch is familiar with the Report Form and notes on the columns.
- Ensure you have plenty of spare Report Forms during the A&E visit.
- It is essential for the ease of entering data that **all** participating Healthwatches use the same Report Form.
- It may be difficult to complete the form in a busy A&E Department, but enter data as legibly as possible. Always use a black pen.

7. SENDING RESULTS

- Send results to the Healthwatch office immediately.
- Check in advance if you can use the A&E fax machine or scanner. Be prepared to find another fax or scanner in case the A&E equipment is not available or not working.
- Fax transmissions are not always very distinct, so ensure that the forms do not go askew in the fax machine, as this results in outer columns being cut off.
- Retain a note of the fax number.

8. FORWARDING THE RESULTS

- Aim to collate the data during the evening of the Casualty Watch and make it available for use in the next few days.
- It is difficult to keep to this tight deadline unless results are sent immediately after collection.

9. ACCURACY

- The data report should be sent to the A&E it was collected from, for them to check it.
- Accuracy is critical to credibility.

Casualty Watch is a highly effective and powerful tool that could stimulate collaborative work between Healthwatches and bring about highly significant improvements in the quality of emergency services.