

# CQUIN INDICATORS 2010/11

## 4 CQUINs Indicators

National indicators	£400,000
Regional indicators	£654,033
Local indicators	£933,333

	Baseline value	Target 2010-11	QTR 1	QTR 2	QTR 3	QTR 4	Year to Date	QTR Change	YTD Rating	Financial Value
<b>1.0 Percentage of patients who have had a VTE risk assessment (last month in quarter)</b>	53.2%	90.0%	53.2%	57.7%	66.8%	90.3%	65.1%			£ 200,000
<b>2.0 Patient Survey Data (annual publication based on CQC's adult inpatient survey)</b>	69.2%	73.0%				73.5%	73.5%	-		£ 200,000
<b>3.0 Maternity improvement in delivery (2009-10 baseline)</b>										
3.1 Reduce the rates of intrapartum stillbirths	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.04%			£ 42,882
3.2 Reduce unexpected admissions of term babies	8.7%	Reduce	9.9%	10.1%	4.9%	6.6%	7.9%			
3.3 Reduce the total caesarean section rates	22.0%	Reduce	18.4%	21.3%	16.3%	20.7%	19.2%			
<b>4.0 End of Life (Qtr4 2009-10 baseline)</b>										
4.1 Number of appropriate wards where Liverpool Care Pathway (LCP) used	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			£ 111,493
4.2 Proportion of adult deaths who died whilst being cared for according to LCP	28.7%	50.0%	33.6%	43.9%	56.5%	45.7%	45.3%			
<b>5.0 Hip &amp; knee replacement (Qtr4 2009-10 baseline)</b>										
5.1 Proportion of patients receiving prophylactic antibiotic within 1 hr surgery	98.6%	95.0%	97.3%	96.9%	96.3%	-	96.9%			£ 132,076
5.2 Proportion of patients where prophylactic antibiotic discontinued within 24 hrs surgery	88.6%	95.0%	97.3%	95.4%	96.3%	-	96.4%			
5.3 Proportion of patients who received appropriate VTE within 24hrs prior to surgery to 24hrs after	97.1%	95.0%	94.5%	96.9%	98.1%	-	96.4%			
<b>6.0 Acute myocardial (Qtr1 2010-11 baseline)</b>										
6.1 Proportion of patients receiving aspirin on arrival	97.2%	95.0%	97.2%	98.2%	100.0%	100.0%	98.9%			£ 118,868
6.2 Proportion of patients receiving CA within 96hrs	50.0%	95.0%	50.0%	43.8%	43.5%	47.6%	45.3%			
6.3 Proportion of patients receiving smoking cessation advice	81.0%	95.0%	81.0%	95.0%	100.0%	100.0%	95.7%			
6.4 Proportion of patients receiving aspirin on discharge	96.0%	95.0%	96.0%	100.0%	100.0%	100.0%	98.8%			
6.5 Proportion of patients receiving beta blockers on discharge	94.7%	95.0%	94.7%	100.0%	100.0%	100.0%	98.6%			
6.6 Proportion of patients receiving ACE/ARB	93.2%	95.0%	93.2%	100.0%	100.0%	100.0%	98.6%			
6.7 Proportion of patients receiving statins on discharge	95.5%	95.0%	95.5%	100.0%	100.0%	100.0%	98.9%			
<b>7.0a Nutrition: 18 - 64 years (Qtr1 2010-11 baseline)</b>										
7.1a Proportion of patients who underwent nutritional screening at admission	72.7%	Increase	72.7%			75.0%	73.4%	-		£ 128,645
7.2a Proportion of patients who had appropriate action taken	95.3%	Increase	95.3%			96.7%	95.7%	-		
7.3a Proportion of patients who underwent nutritional screening at discharge	68.5%	Increase	68.5%			82.5%	73.5%	-		
7.4a Proportion patients at high nutritional risk at discharge	0.0%	0.0%	0.0%			9.1%	3.6%	-		
7.5a Proportion of high risk patients who had referral plans	-	Increase	-			66.7%	66.7%	-		
<b>7.0b Nutrition: 65+ years (Qtr1 2010-11 baseline)</b>										
7.1b Proportion of patients who underwent nutritional screening at admission	71.7%	Increase	71.7%			72.9%	72.0%	-		£ 128,645
7.2b Proportion of patients who had appropriate action taken	96.7%	Increase	96.7%			100.0%	97.6%	-		
7.3b Proportion of patients who underwent nutritional screening at discharge	56.6%	Increase	56.6%			84.6%	63.4%	-		
7.4b Proportion patients at high nutritional risk at discharge	8.7%	Reduce	8.7%			9.1%	8.8%	-		
7.5b Proportion of high risk patients who had referral plans	33.3%	Increase	33.3%			66.7%	44.4%	-		

## Appendix 2 (Page two)

8.0a Pressure ulcers: 18 - 64 years (Qtr2 2010-11 baseline)											
8.1a	Number of patients who have one or more existing pressure ulcers on admission of Grade II and above	6	Reduce		6	7	12	25	↓	●	£ 120,069
8.2a	The number of incident forms completed for grade II ulcers and above	0	100.0%		33.3%	28.6%	66.7%	48.0%	↑	●	
8.3a	Patients admitted with one or more pressure ulcers, with the highest ulcer having NICE Trigger Grading II	3	Reduce		3	5	9	17	↓	●	
8.4a	Patients admitted with one or more pressure ulcers, with the highest ulcer having NICE Trigger Grading III	2	Reduce		2	0	2	4	↘	●	
8.5a	Patients admitted with one or more pressure ulcers, with the highest ulcer having NICE Trigger Grading IV	1	Reduce		1	2	1	4	↘	●	
8.6a	Number of RCA investigations undertaken for patients admitted with NICE Grade III pressure ulcers and above	33.3%	100.0%		33.3%	100.0%	100.0%	75.0%	↑	●	
8.7a	Number of patients acquiring a pressure ulcer within 10 days of admission	1	Reduce		1	1	5	7	↓	●	
8.0b Pressure ulcers: 65+ years (Qtr2 2010-11 baseline)											
8.1b	Number of patients who have one or more existing pressure ulcers on admission of Grade II and above	98	Reduce		98	85	96	279	↘	●	£ 120,069
8.2b	The number of incident forms completed for grade II ulcers and above	78.6%	100.0%		78.6%	84.7%	79.2%	80.6%	↘	●	
8.3b	Patients admitted with one or more pressure ulcers, with the highest ulcer having NICE Trigger Grading II	71	Reduce		71	60	70	201	↘	●	
8.4b	Patients admitted with one or more pressure ulcers, with the highest ulcer having NICE Trigger Grading III	13	Reduce		13	12	13	38	↘	●	
8.5b	Patients admitted with one or more pressure ulcers, with the highest ulcer having NICE Trigger Grading IV	14	Reduce		14	13	13	40	↘	●	
8.6b	Number of RCA investigations undertaken for patients admitted with NICE Grade III pressure ulcers and above	7.4%	100.0%		7.4%	100.0%	100.0%	67.9%	↑	●	
8.7b	Number of patients acquiring a pressure ulcer within 10 days of admission	8	Reduce		8	8	12	28	↓	●	
1.0 Smoking cessation (Qtr1 2010-11 baseline)											
1.1	Percentage of expectant mothers referred to smoking cessation at first assessment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↑	●	£ 163,333
2.0 Maternity (2009/10 baseline)											
2.1	Increase percentage of mothers breast feeding within 48hrs delivery	59.3%	65.0%	54.1%	61.3%	61.8%	63.1%	60.1%	↘	●	£ 72,333
2.2	Increase percentage of mothers who delivered live births exclusively breastfeeding on discharge	44.0%	55.0%	40.5%	31.9%	38.5%	36.8%	36.8%	↘	●	£ 100,333
3.0 Child Health (Qtrs 3&4 2009/10 baseline)											
3.1	Reducing the proportion of children with a HbA1C reading > 9% recorded in 12 months	43.0%	23.0%	33.3%	39.0%	37.8%	36.6%	36.6%	↘	●	£ 98,000
4.0 Discharge (Qtr4 2009/10 and 2009/10 baseline)											
4.1	Increase proportion of patients assessed for appropriateness of discharge using Interqual (sampling used)	37%	65% (Qtr3&4)	37.4%	40.5%	23.5%	31.4%	33.0%	↑	●	£ 72,333
4.2	Reduce number of patients re-admitted as emergency within 14 days (CHKS data in lieu of Dr Foster)	5.4%	4.4%	6.1%	6.0%	5.3%	4.6%	5.7%	↑	●	£ 100,333
6.0 Outpatient letters (Qtr4 2009/10 baseline)											
6.0	Proportion OP and F/Up letters received within 5 working days of appt & include the minimum dataset	11.0%	90.0%	No data collection - PCT audit results due in May					-	-	£ 163,333
7.0 Health promotion (Qtr1 2010-11 baseline)											
7.1	Increase number of eligible patients referred to smoking cessation services	20.0%	100.0%	20.0%	30.8%	0.0%	0.0%	15.8%	↓	●	£ 54,133
7.2	Increase percentage of patients referred for weight management	4.3%	100.0%	4.3%	100.0%	14.3%	25.0%	22.1%	↑	●	£ 54,133
7.3	Increase percentage of patients referred to Alcohol Care pathway (Admitted to B1)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↑	●	£ 55,067
7.3	Increase percentage of patients referred to Alcohol Care pathway (Attendances at A&E)	0.0%	10% increase	No Data returned					-	-	