

# Development of Key Performance Indicators for Irish Emergency Departments

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Delphi *Round 3*

Summary Report

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## *Prepared by:*

Abel Wakai, Ronan G. O'Sullivan, Paul Staunton, Fergal Hickey, Patrick K. Plunkett

## **Introduction:**

Performance indicators are flags that can alert to opportunities for improvement in patient care.<sup>1</sup> Key Performance Indicators (KPIs) are performance indicators in key areas of a service. Meanwhile, the medical profession is being urged to be more accountable and outcome indicators are being developed across a broad range of specialties.<sup>1-3</sup>

There is a paucity of evidence-based quality indicators suitable to monitor Emergency Department (ED) performance. Nevertheless, there is a growing body of evidence in relation to potential indicators of ED performance and good quality of care.<sup>3-8</sup> Delphi techniques have previously been used to identify performance potential indicators of good quality of care in UK emergency departments.<sup>3</sup> Proposals which reached consensus as good indicators of quality of care in the ED in the UK Delphi study reflected structure, process and outcome.<sup>3</sup>

There is currently no scientifically valid published set of KPIs developed for Irish EDs. The development of KPIs suitable for audit is essential to define the role of the ED and to monitor the standard of care within the specialty of emergency medicine in Ireland. The aim of this study is to develop a consensus amongst Emergency Medicine (EM) Specialists working in Ireland for KPIs suitable for use in Irish EDs.

In total 52 (88%) Specialists in Emergency Medicine responded to the third round questionnaire. Twenty-four (47%) of the respondents practice adult EM only, 2 (4%) paediatric EM only and 25 (49%) practice both adult and paediatric EM.

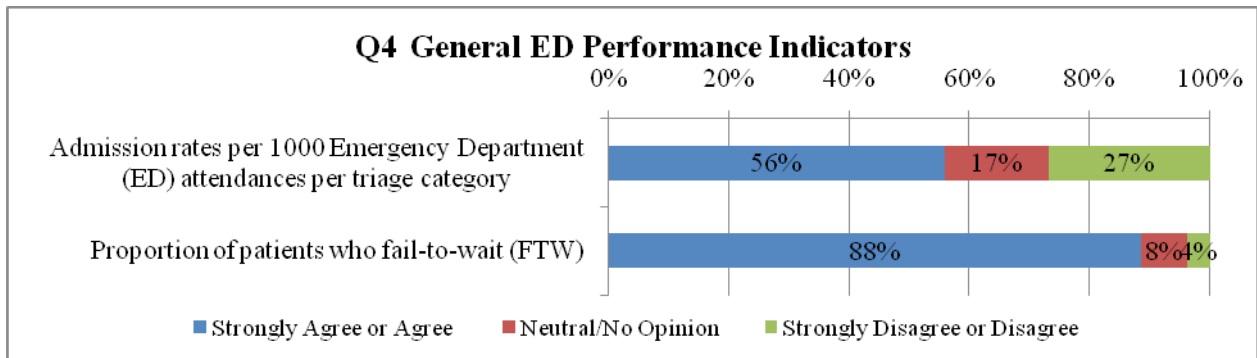
This document provides a summary of the response to the third round questionnaire and a synopsis of any qualitative comments made.

1. Health Information and Quality Authority (HIQA). Guidance on Developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality, September 2010.
2. Cleary R, Amess M, Coles J. Phase 3 outcome indicators – results from a series of pilot studies. *CASPE Research*, September 1999.
3. Beattie E, Mackway-Jones K. A Delphi study to identify performance indicators for emergency medicine. *Emerg Med J* 2004;21:47-50.
4. Coleman P, Nicholl J. Consensus methods to identify a set of potential performance indicators for systems of emergency and urgent care. *J Health Serv Res Policy* 2010;15:12-18.
5. Terrell KM, Hustey FM, Hwang U, et al. Quality indicators for geriatric emergency care. *Acad Emerg Med* 2009;16:441-449.

6. Welch S, Augustine J, Camargo CA, Reese C. Emergency department performance measures and benchmarking summit. *Acad Emerg Med* 2006;13:1074-80.
7. Guttman A, Razzaq A, Lindsay P, et al. Development of measures of the quality of emergency department care for children using a structured panel process. *Pediatrics* 2006;118:114-123.
8. Lindsay P, Schull M, Bronskill S. The development of indicators to measure the quality of clinical care in emergency departments following a Modified-Delphi approach. *Acad Emerg Med* 2002;9:1131-1139.

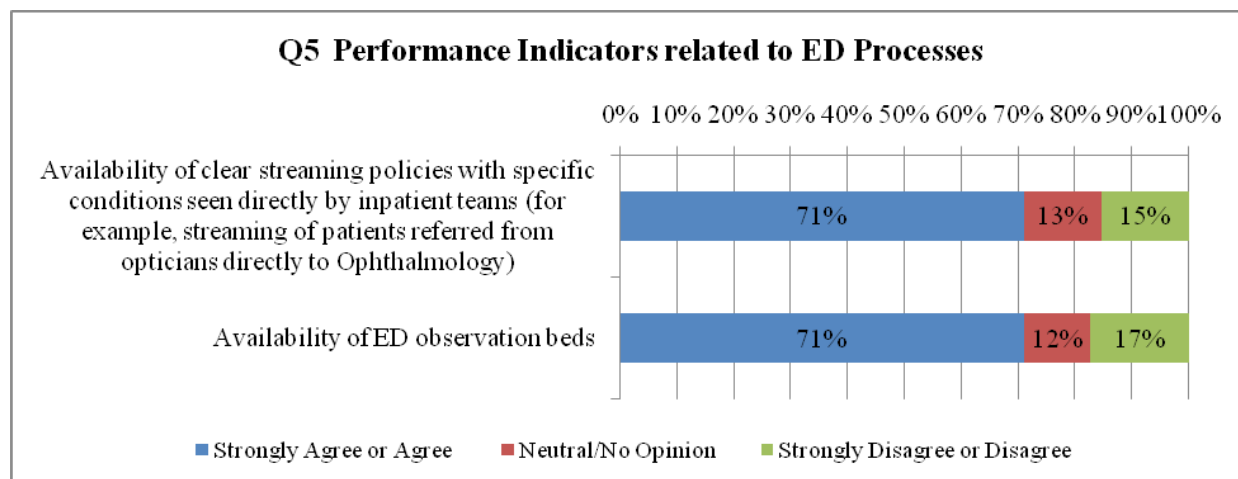
### General Performance Indicators:

One of the two proposed general key performance indicators, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:



## Performance Indicators related to E.D. Processes:

Both of the proposed key performance indicators related to E.D. processes, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:

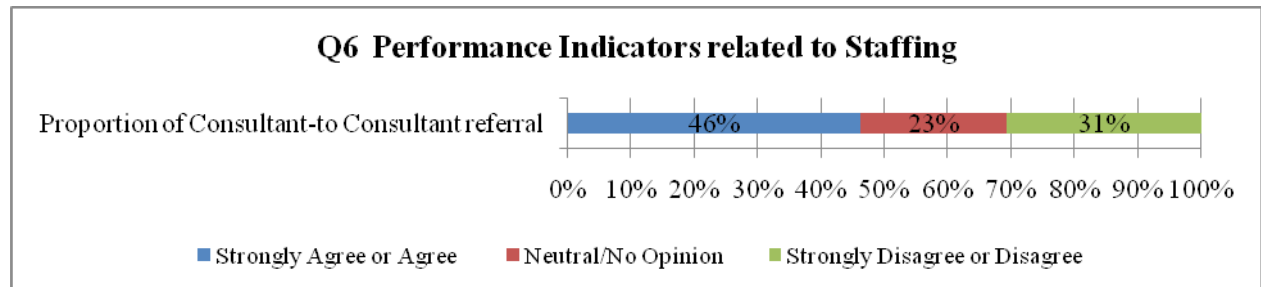


Other key performance indicators related to Staffing suggested by respondents included:

Adherence to pathways policies and guidelines

## Performance Indicators related to E.D. Staffing:

The proposed key performance indicator related to E.D. staffing, failed to achieve a high agreement score (strongly agree or agree) from at least 70% of the respondents:

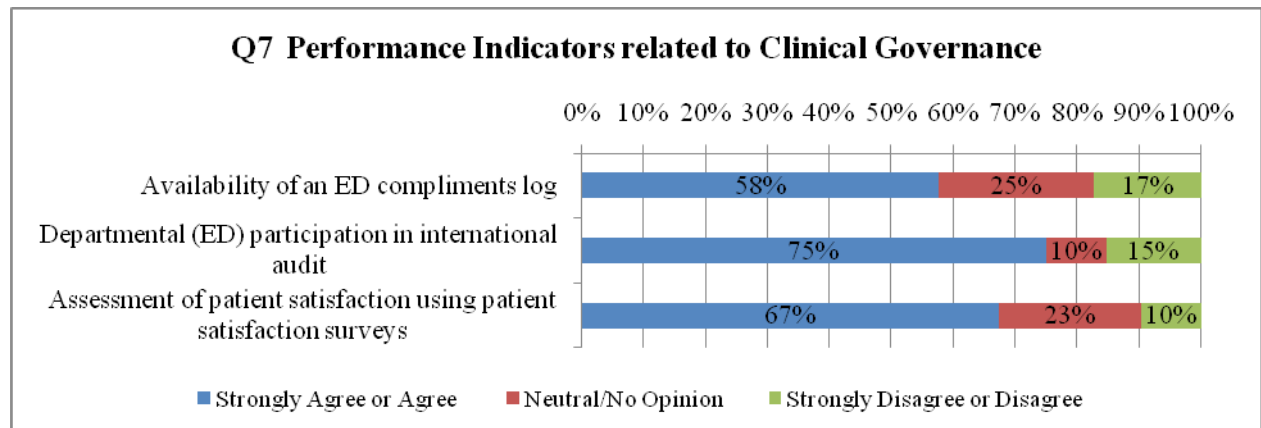


Other key performance indicators related to Staffing suggested by respondents included:

- Number of Advanced Nurse Practitioners
- Ratio of senior doctors to ED attendances
- Number of clerical staff available

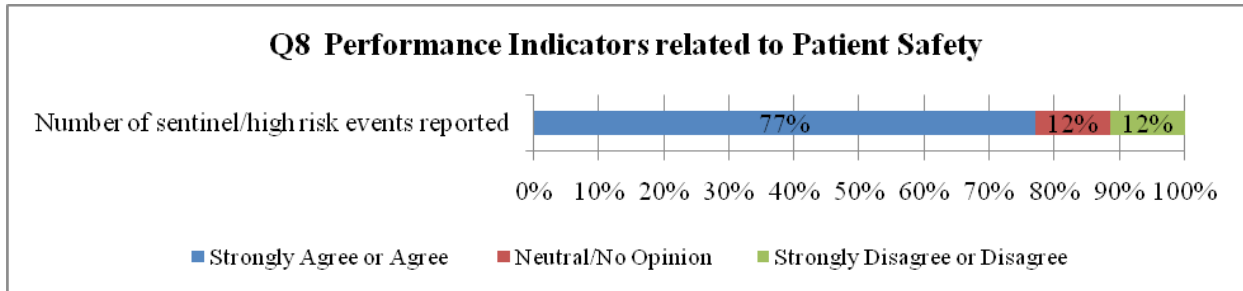
## Performance Indicators related to Clinical Governance:

One of the three proposed general key performance indicators, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:



## Performance Indicators related to Patient Safety:

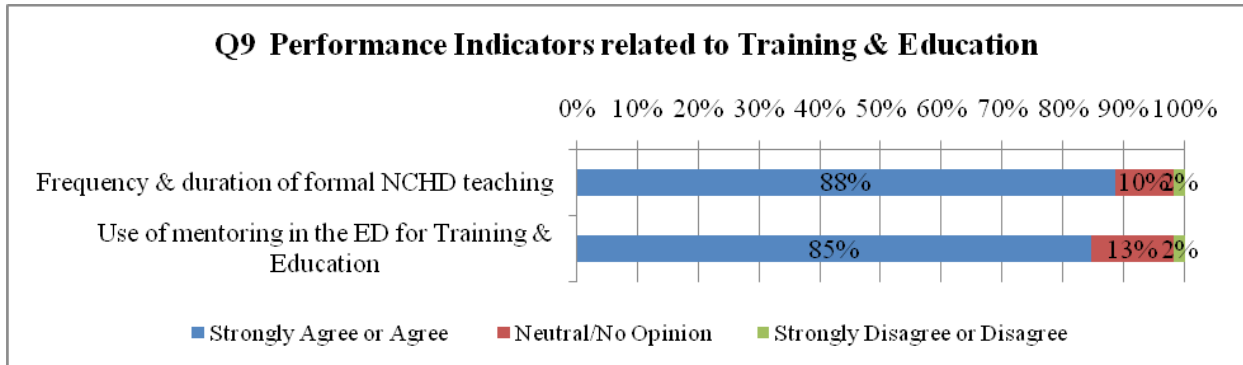
The proposed key performance indicator related to Patient safety, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:





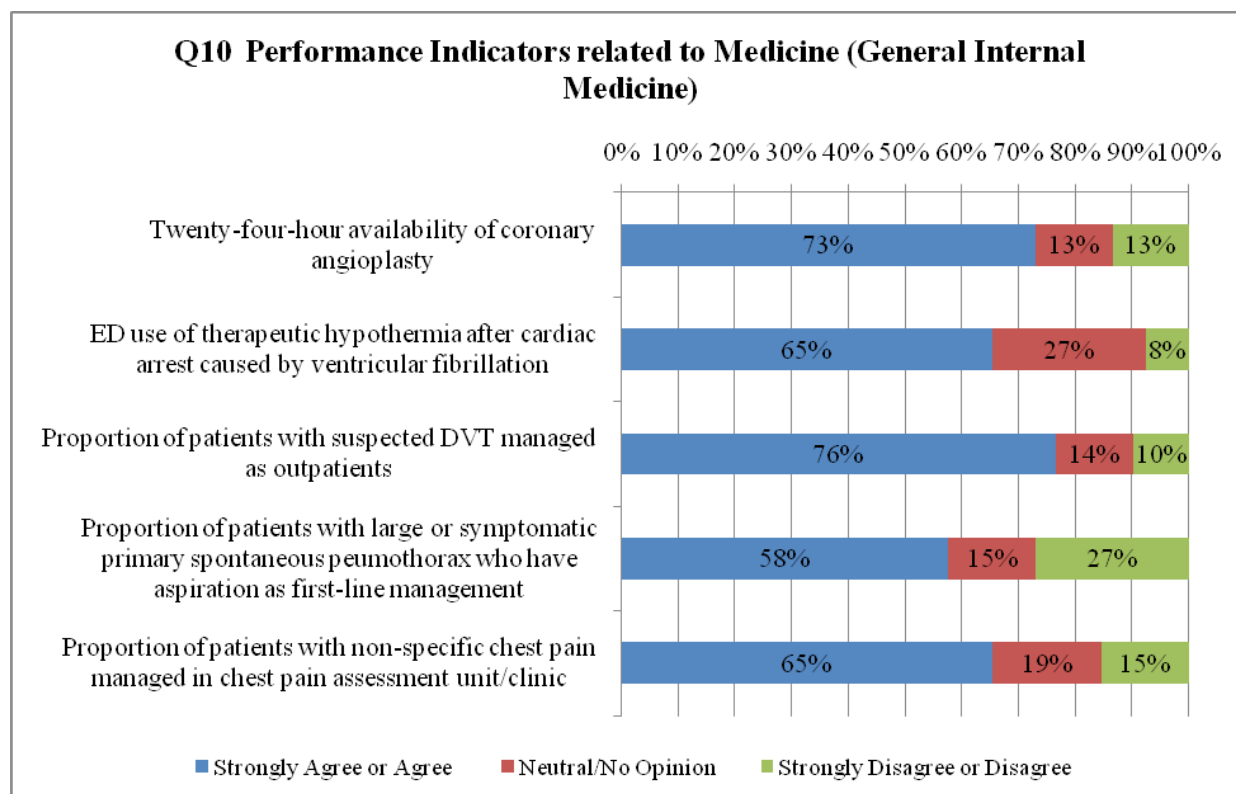
## Performance Indicators related to Training and Education:

Both of the proposed key performance indicators, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:



## Performance Indicators related to Medicine:

Two of the five proposed key performance indicators related to Medicine, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:

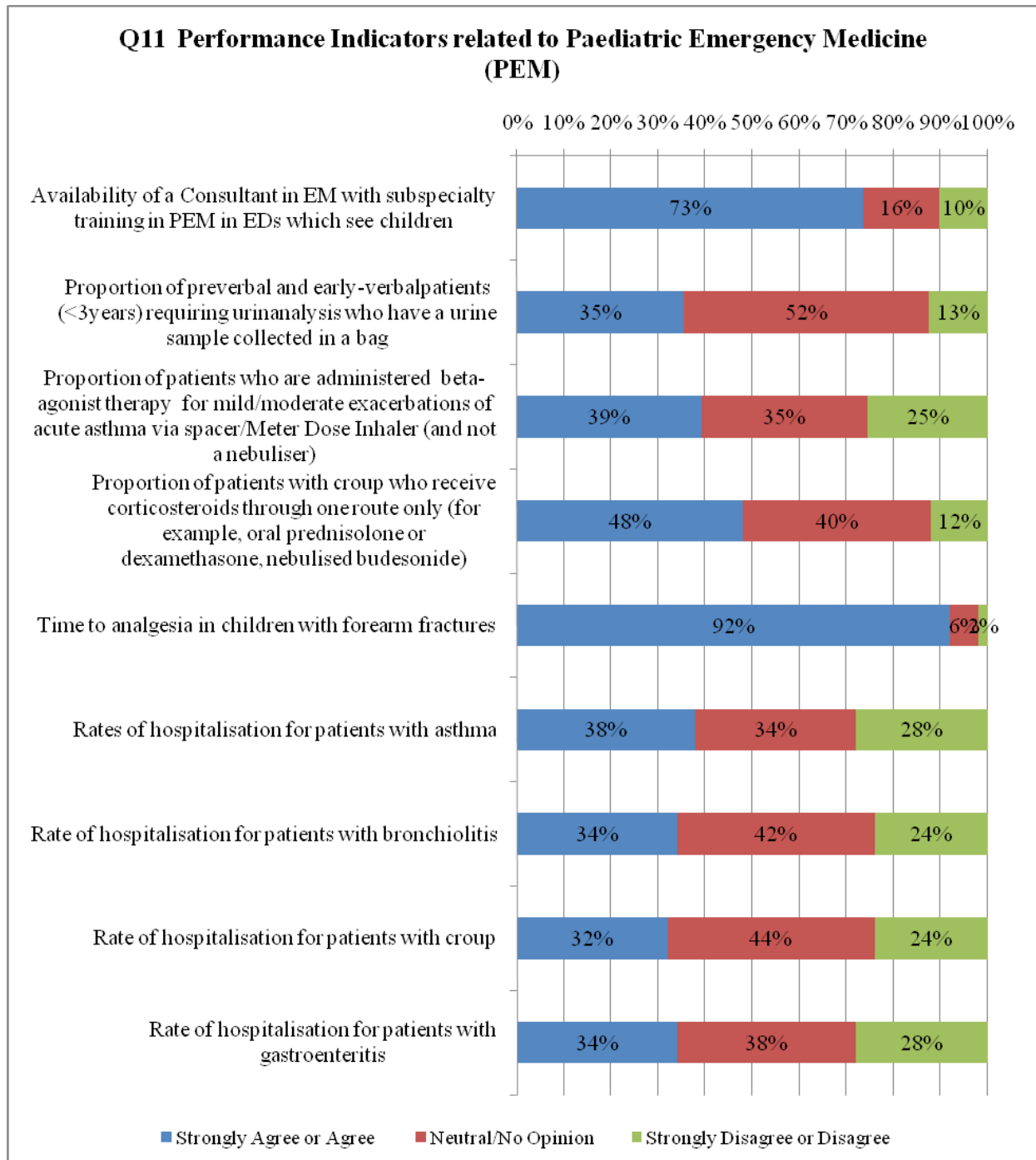


Respondents comments related to Medicine included:

- Refining the proposed performance indicator ‘proportion of patients with suspected DVT managed as outpatients’ to ‘proportion of patients with suspected DVT suitable for outpatient management managed as outpatients’

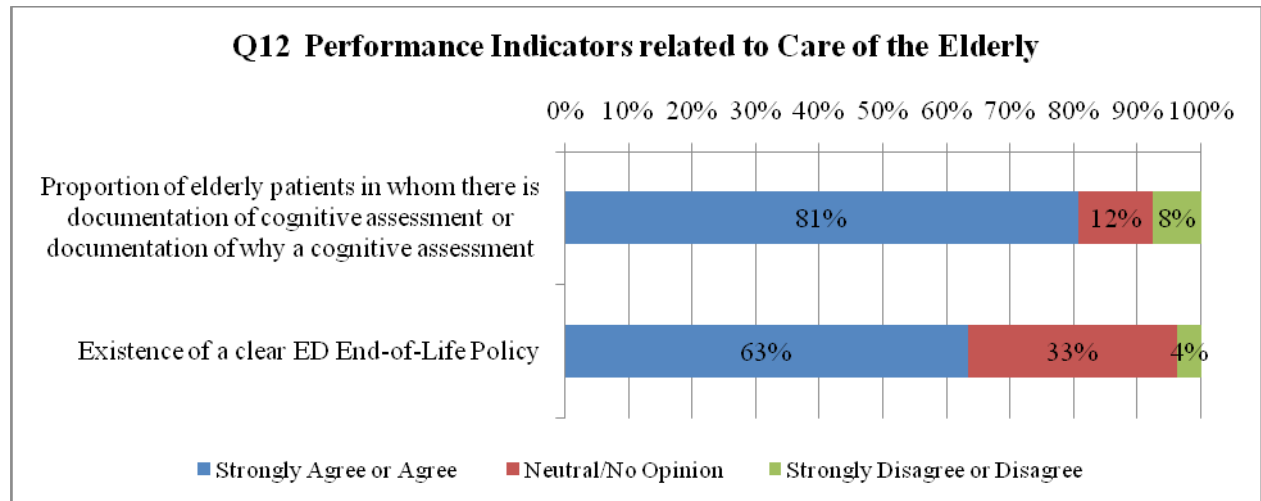
## Performance Indicators related to Paediatric Emergency Medicine:

Two of the nine proposed key performance indicators related to Medicine, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:



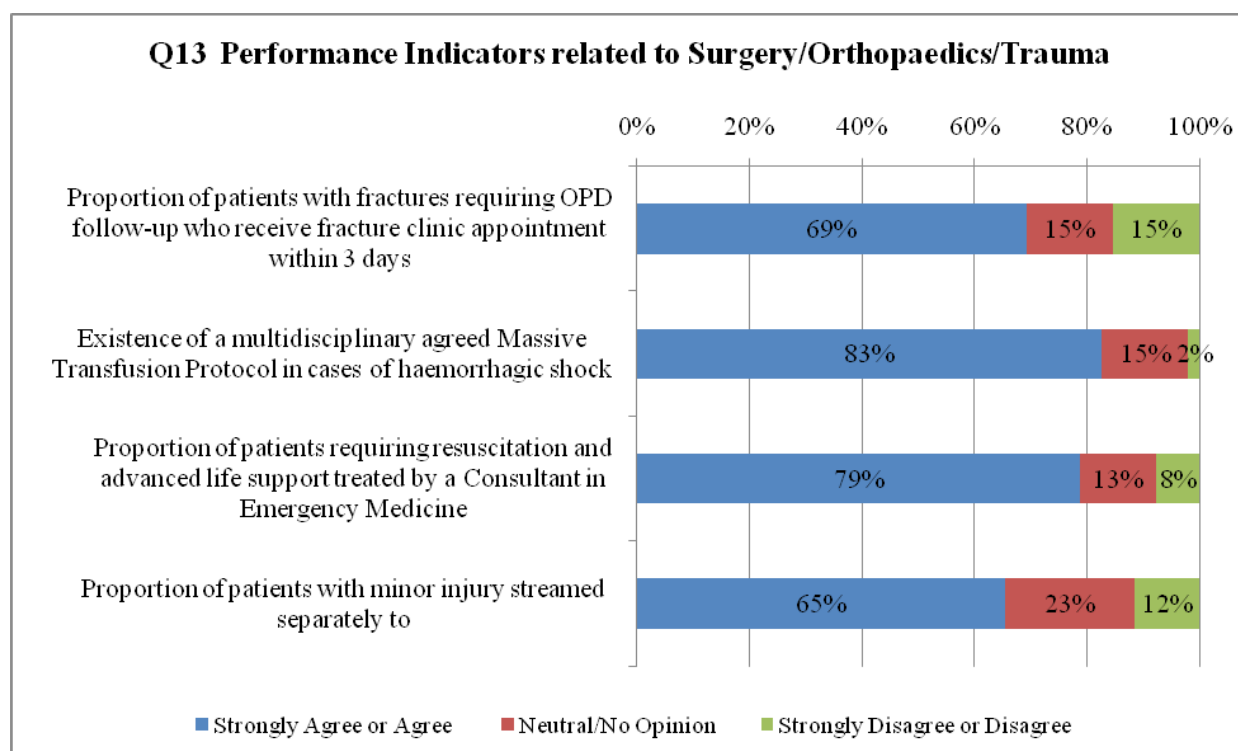
## Performance Indicators related to Care of the Elderly:

One of the two proposed key performance indicators related to care of the Elderly, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:



## Performance Indicators related to Surgery, Orthopaedics and Trauma:

Two of the four proposed key performance indicators related to Surgery, Orthopaedics and Trauma, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:

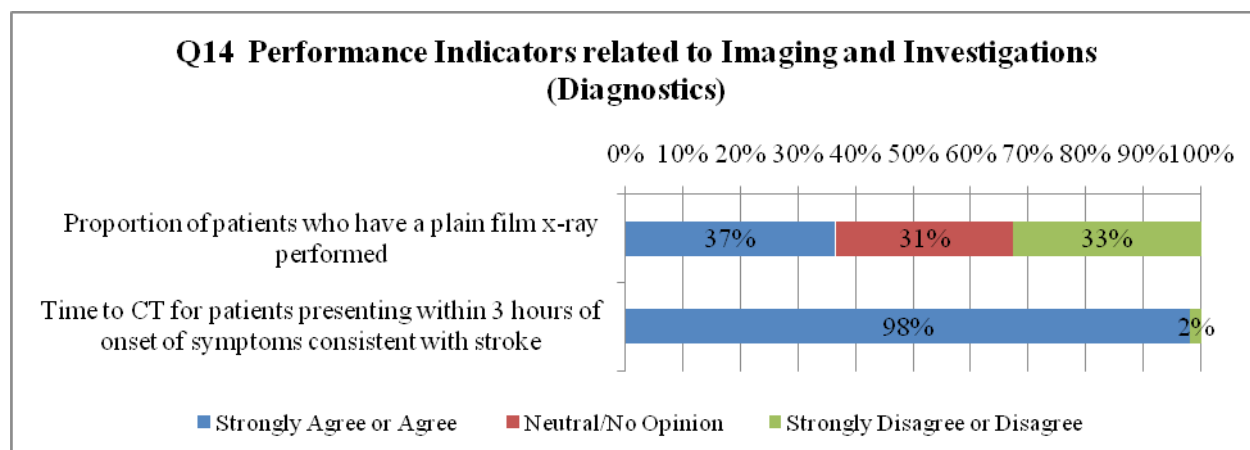


Other key performance indicators related to Surgery, Orthopaedics and Trauma suggested by respondents included:

- Time from door to bed, for patients with a fractured neck of femur

## Performance Indicators related to Imaging and Investigations:

One of the two proposed key performance indicators related to Imaging and Investigations, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:



Other key performance indicators related to Imaging and Investigation suggested by respondents included:

- Time from CT being requested to CT being performed for patients with a traumatic brain injury.
- Radiology report times

Respondents comments related to Imaging and Investigation included:

- The proposed performance indicator ‘Time to CT for patients presenting within 3 hours of onset of symptoms consistent with stroke’ should be refined to ‘Time to CT for patients presenting within 4.5 hours of onset of symptoms consistent with stroke’ to reflect the evidence (ECASS III).

## Performance Indicators related to ED Patient Discharge:

The proposed key performance indicator related to E.D. Patient discharge, achieved a high agreement score (strongly agree or agree) from at least 70% of the respondents:

