

GUIDANCE NOTES FOR SETTING UP CASUALTY WATCH

These overheads are designed to help those who have not yet taken part in Casualty Watch and to act as an *aide memoire* or training guide for members and staff who are undertaking the data collection

1: DISCUSSION WITH HOSPITAL MANAGEMENT

- Start by discussing the project with the management of the Hospital Trust
- 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 effects of poor discharge procedures, bed closures, and A&E closures etc
- Most Trusts have welcomed Casualty Watch as being useful and staff have been very co-operative. However, the initial approach and explanation is of great importance and will set the scene for future close co-operation.

2: IDENTIFY KEY MEMBER(S) OF ACCIDENT & EMERGENCY STAFF

- It is important to establish contact with the member of staff (probably the Sister-in-Charge or Consultant) who will be giving you the information or will be assisting you in gathering it.
- Explain to them why you want the data and when you will be collecting it
- Make it clear exactly **when** the exercise is to take place and establish exactly who will be available to assist you at that time

- Give the Sister in charge of the A&E a call on the morning of the 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
- Obtain either a hospital or CHC identification pass for the Watcher

4: THE VISIT

- If the groundwork has been done in advance, the actual Casualty Watch visit should take about ½ - 1 hour
- On a very busy day or if the visit coincides with a major emergency, it may take longer
- The visitor 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 department

- It may be displayed on a computer screen, on a black-board or taken from a casualty card
- If staff know in advance what you need they will be able to obtain the data quickly. Provide the presumptive diagnosis for the patient not terms such as 'medical' or 'surgical'
- Patients should not 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

- Make sure you are familiar with the Report Form and notes on the various columns
- Photocopy the form and ensure you have plenty of spares when you visit A & E
- It is essential for the ease of entering data that **all** CHCs use the same form
- It may be difficult to complete the form clearly in a busy A&E Department, but please be as legible as possible and use a black pen. If necessary, take spare copies of the form with you so that you can prepare a fair copy afterwards

7: Sending the Results to ACHCEW

- Check in advance that you can use the A & E Fax machine and be prepared to find another Fax in case the A & E machine is not working
- Remain by the fax machine while the results are being sent and retain the receipt

- Fax transmissions are not always very distinct, so try and 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

- Our aim is to receive and collate the data during the evening of the Casualty Watch for publication in the following few days
- It is difficult to keep to this tight deadline unless results are sent immediately after collection
- The distance between the hospital and the CHC office will make it impossible to turn round the information within such a time scale unless the A&E fax is used

9: RECEIPT OF RESULTS

- You will receive a draft copy of the results from ACHCEW for checking
- Check the results for accuracy of data and transcription as soon as possible
- You will receive a full report showing a detailed analysis of where the longest waits have occurred from ACHCEW

10: MISTAKES

- Please let us know immediately if an error has been made so that we can correct the data
- Accuracy is critical to our credibility
- Good Luck

Casualty Watch Results All Regions - Longest 60

Trolley Only

29 April 2002

CHC	Hospital	Health District	Age	Sex	Postcode	Time of arrival	Provisional Diagnosis/ Reason for Attending Casualty	Plan for patient	Time of decision to admit	* Total wait so far CHC	Doh	Trolley/ Bed/Chair
WEST SURREY & NE HAMPSHIRE	FRIMLEY PARK	West Surrey Health Authority	34	M	GU14	28/4/02 17:19	COLLAPSE	AWAITING INVESTIGATIONS FOR EPILEPSY	01:30	23:11	15:00	T
REDBRIDGE	KING GEORGE, REDBRIDGE	Redbridge and Waltham Forest Health Authority	81	M	IG5	28/4/02 18:38	UNWELL	AWAITING WARD BED		21:52	0:00	T
NEWHAM	NEWHAM GENERAL	East London and The City Health Authority	29	F	E15	28/4/02 22:02	PULMONARY EMBOLISM	TO BE ADMITTED		18:28	0:00	T
SOUTH WEST SURREY	ROYAL SURREY COUNTY	West Surrey Health Authority	101	M		28/4/02 23:24	FALL	AWAITING BED	01:40	17:06	14:50	T
NEWHAM	NEWHAM GENERAL	East London and The City Health Authority	72	F	E6	28/4/02 23:45	CONGESTIVE CARDIAC FAILURE	TO BE ADMITTED		16:45	0:00	T
EAST SURREY	EAST SURREY HOSPITAL	East Surrey Health Authority	34	M		01:50	RENAL COLIC	AWAITING RESULTS		14:40	0:00	T
HARINGEY	NORTH MIDDLESEX	Barnet, Enfield and Haringey Health Authority	20	M	N9	02:35	ASTHMA	WAITING FOR PORTER TO GO TO WARD	06:30	13:55	9:00	T
HARINGEY	NORTH MIDDLESEX	Barnet, Enfield and Haringey Health Authority	36	M	N18	02:36	MENINGITIS	WAITING FOR BED	15:00	13:54	1:30	T
KIDDERMINSTER & DISTRICT	WORCESTER ROYAL INFIRMARY	Worcestershire Health Authority	22	M		03:23	FIT	WAITING FOR BED	05:40	13:07	10:50	T
KINGSTON	KINGSTON HOSPITAL	Kingston and Richmond Health Authority	34	M	SW15	03:29	CHEST PAIN	TO ADMIT		13:01	0:00	T
NEWHAM	NEWHAM GENERAL	East London and The City Health Authority	47	F	E6	03:48	UNSTABLE ANGINA	TO BE ADMITTED		12:42	0:00	T
BEXLEY	QUEEN MARYS SIDCUP	Bromley Health Authority	72	F		03:50	PER RECTAL BLEED	BOOKED BED		12:40	0:00	T
HARROW	NORTHWICK PARK	Brent and Harrow Health Authority	85	M		04:47	DIFFICULTY IN BREATHING		14:30	11:43	2:00	T
HARROW	NORTHWICK PARK	Brent and Harrow Health Authority	85	M		04:47	DIFFICULTY IN BREATHING		14:30	11:43	2:00	T
HILLINGDON	HILLINGDON HOSPITAL	Hillingdon Health Authority	62	M		04:58	EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISORDER	WAITING FOR BED	12:35	11:32	3:55	T
HILLINGDON	HILLINGDON HOSPITAL	Hillingdon Health Authority	62	M		04:58	CHRONIC OBSTRUCTIVE PULMONARY DISORDER	WAITING TO COME IN	12:35	11:32	3:55	T
KIDDERMINSTER & DISTRICT	WORCESTER ROYAL INFIRMARY	Worcestershire Health Authority	68	M		06:14	LEFT VENTRICULAR FAILURE	WAITING FOR BED	07:25	10:16	9:05	T
HARINGEY	NORTH MIDDLESEX	Barnet, Enfield and Haringey Health Authority	87	F	N18	06:32	CONGESTIVE CARDIAC FAILURE	WAITING FOR WARD TO PREPARE	11:30	9:58	5:00	T
SOUTH EAST KENT	WILLIAM HARVEY, ASHFORD, KENT	East Kent Health Authority	27	F	CT14	06:54	ABDOMINAL PAIN	REFERRED		9:36	0:00	T
KINGSTON	KINGSTON HOSPITAL	Kingston and Richmond Health Authority	34	M	KT3	06:58	ABDOMINAL PAIN	TO ADMIT		9:32	0:00	T
WANDSWORTH	ST GEORGES, Tooting	Merton, Sutton and Wandsworth Health Authority	5	M		07:10	DIFFICULTY IN BREATHING	TO BE ADMITTED	16:00	9:20	0:30	T
MERTON & SUTTON	ST HELIER	Merton, Sutton and Wandsworth Health Authority	71	M	CR4	07:17	CEREBRAL BLEED	4 HOUR WAIT FOR MEDICS		9:13	0:00	T

CHC = CHC COLLECTING DATA

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DOH waits are calculated from time of decision to admit 0:00 = not recorded by the DOH

GUIDE NOTES FOR CASUALTY WATCH SURVEY

Gender	Enter M or F
Age	Self-explanatory
Postcode	Should be available and is useful for determining the effects of closures of neighbouring A&E departments. Enter the first part of the post code, e.g SE24, B4, TN13, N33
Arrival time	Use 24-hour clock - in extreme cases, patients may have arrived on the previous day, in which case please specify date as well.
Time of decision to admit	A decision may or may not have been made depending on the results of tests etc. If a decision has been made, please give the time
Provisional Diagnosis	Reason for attendance e.g. fractured femur, lacerations to hand, abdominal pain, overdose, shortness of breath, sickle cell crisis etc.
Trolley	Enter T if patient is lying on a trolley in A&E department, waiting to see Casualty staff, waiting to be admitted to ward or waiting to be discharged. B if patient is lying on a bed in A&E department, waiting to see Casualty staff, waiting to be admitted to ward or waiting to be discharged or under observation. C if patient is sitting on a chair in waiting room or wheel chair in A&E department waiting to be seen by Casualty staff, waiting to be admitted to ward or waiting to be discharged. It is important to distinguish between patients lying on trolleys , patients lying on beds in cubicles or observation wards and patients waiting on chairs in waiting room as this gives a clear picture of the state of the A&E department.
Plan for Patient	Could be admission, discharge home, awaiting further tests, awaiting a review, observation, waiting for suture, transfer to ward or to another hospital etc.
Comments:	Could be busy, major accident in area, staff not available to give details Staff off due to illness etc

App 4

Hospital: _____

Date and time of Visit:

CHC

Staff in Charge: _____

A&E Tel No: _____

Name of Casualty Watch Visitor:

T = Trolley, C = Chair, B = Bed

[illegible]

* IF THE DATE OF ARRIVAL IS NOT THE SAME AS DATE OF VISIT PLEASE INDICATE

Comments:

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CASUALTY AREAS

- Minors
- Majors
- Paediatrics
- Resuscitation

OTHER AREAS

- Medical Assessment Unit
- Acute Admissions Unit
- Emergency Admissions Unit

PATIENT DISPOSITION

- Chair
- Cubicles
- Beds
- Trolley

PROBLEMS CARRYING OUT SURVEY

- Busy
- Nobody Available
- Complete Data Set
- Broken Fax Machine

WHY UNACCEPTABLE WAITS?

- Beds – Shortage
- Discharge Procedure
- X-ray Waits
- Pathology Waits
- Casualty Doctors
- Specialist Registrars
- Internal Transport
- External Transport

LONG WAITS – TAKING ACTION

Evening of Casualty Watch

- Casualty Director
- On-Call Hospital Manager

Following Morning

- CHC Chief Officer or Chair
- Chief Executive of Trust
- Local Primary Care Trust (**PCT**)

Medium Term

- Strategic Health Authority
- Commission for Health Improvement (**CHI**)
- Contact
- MP Press

Long Term

- Establishing locally based and agreed monitoring criteria.
- Agreeing a development plan with the Trust and PCT
- Influencing the Strategic Health Authority's Franchise Plan