

Measurement Factsheets

#5 – AEC Dashboards

**“In God we trust.
All others must
bring data”.**

W. Edwards Deming



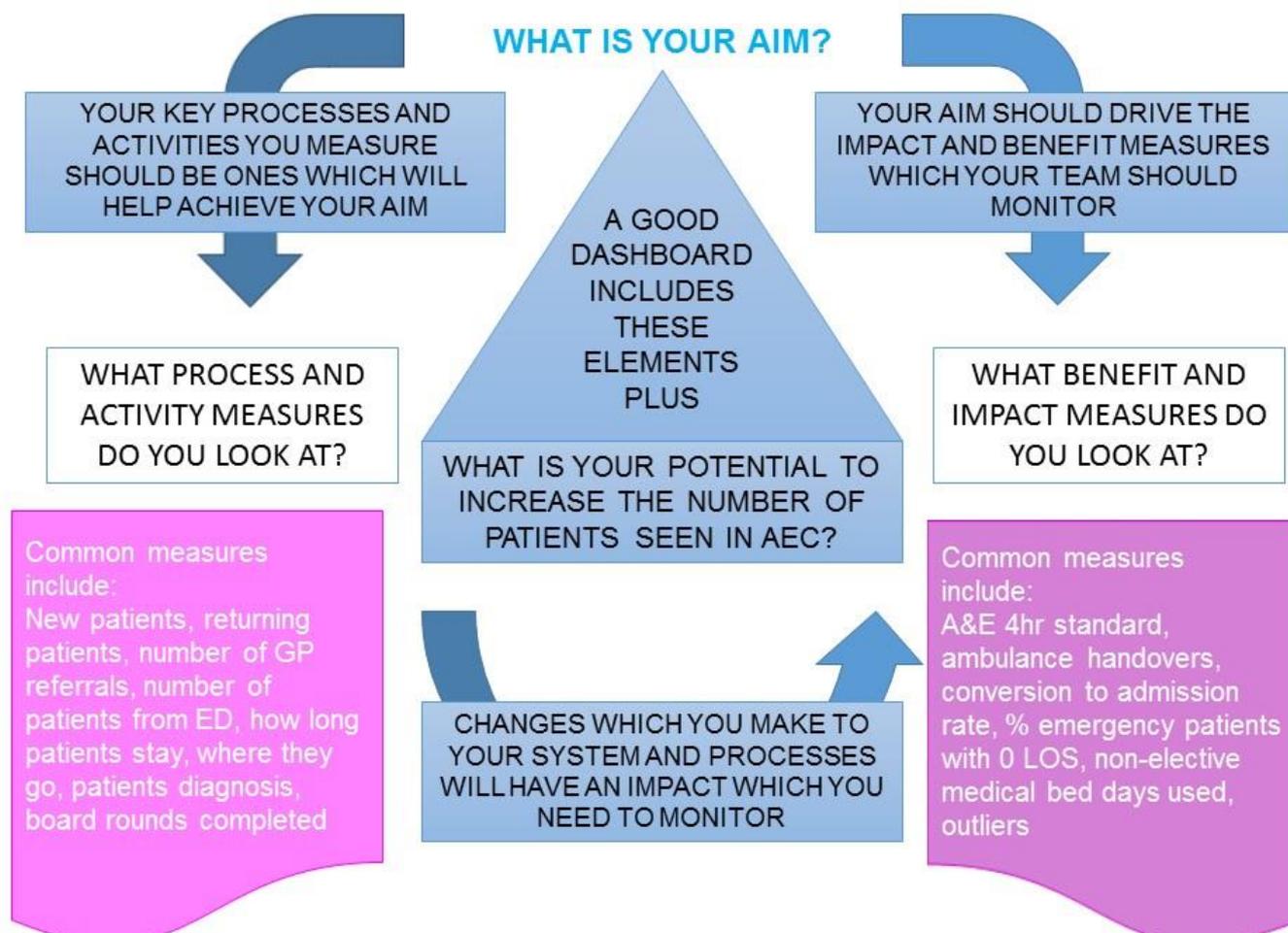
Background and context to this fact sheet

Many sites across the AEC Network have developed a dashboard showing key measures relating to their AEC Service. These dashboards can be used in regular service review meetings to:

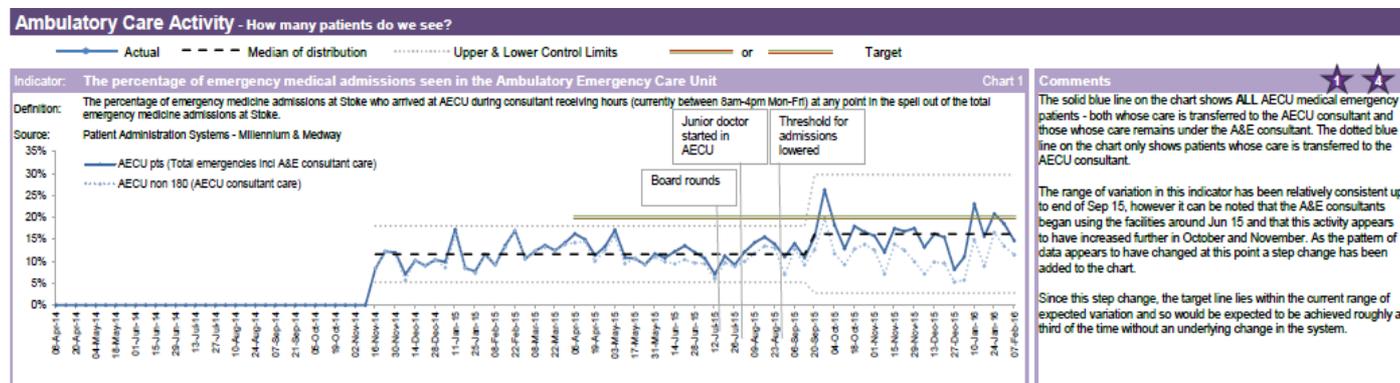
- Improve understanding of how the service is performing
- Demonstrate the impact/benefit/success of the AEC Unit and any changes which have been made
- Highlight issues which still need to be addressed
- Understand the potential to further grow the AEC services

The data elements of a good dashboard

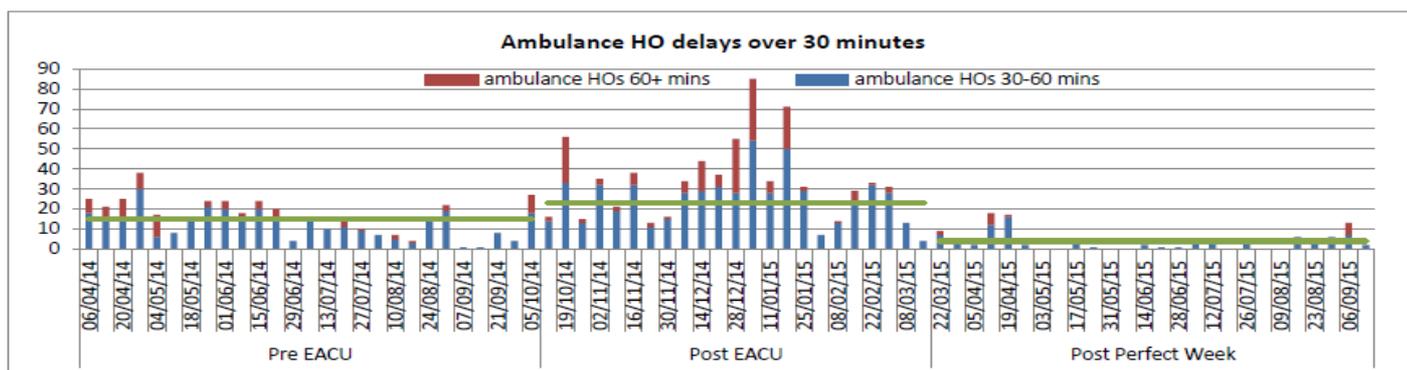
A good AEC dashboard should aim to incorporate each of the elements shown below. Underpinning the dashboard should be a clear focus on the AIM – those involved in making changes should be able to relate the initial AEC project work and ongoing service delivery to their organisation’s strategic goals.



The informational elements should display the chosen measures as run charts, or even better as SPC charts, so that the team can see how the AEC Unit is performing over time and the impact which it is having. Ideally, each run chart should be annotated with key changes so that anyone looking at the graphs can see how these have impacted on the activity/process measures or on the impact/benefit measures. A great example of this shown below from Buckinghamshire Healthcare NHS Trust – it clearly links changes in the threshold criteria with an increase in patients seen in AEC. It also has a commentary on the side of the graph giving further insight into any patterns in the data.



Run charts should also show the impact of any changes in activity. This run chart from City Hospitals Sunderland shows the impact on ambulance handovers and the annotated timeline links the data to phases of time which are pre-AEC, immediately after AEC opened and finally post Perfect Week when processes had bedded in.



Keeping an eye on the potential for more AEC activity

A good AEC dashboard should also keep the team informed of the potential for more AEC activity, i.e. those patients who could have been seen in AEC but were not. Factsheet #3 gives much more detail about how to analyse this, but a simple graphic like this from the Royal Bournemouth and Christchurch Hospitals NHS Trust is a great way to present this, showing what percentage of patients with each condition were seen in AEC.

AEC Condition/ scenario (based on primary diagnosis)	AEC Threshold	%AEC sensitive conditions treated in AEC Location	AEC Activity	All Non-Elective Inpatient activity	25% of Activity (Target)	What would AEC% be if met 25% of activity?
Low risk chest pain	30-60%	48.3%	2908	6020	3402	36.1%
Acute abdominal pain not requiring operative intervention	30-60%	42.1%	1571	3729	1975	34.6%
Early pregnancy bleeding	>90%	86.8%	2686	3094	796	20.5%
Deep vein thrombosis	>90%	95.5%	2804	2935	764	20.6%
Supraventricular tachycardias & other unspecified tachycardias	30-60%	32.4%	773	2386	1027	30.1%
Accidental Self-harm / Overdose part 1	60-90%	61.5%	1447	2354	1978	45.7%
Community-acquired pneumonia	10-30%	3.8%	87	2299	600	20.7%
Urinary tract infections	30-60%	10.4%	223	2149	637	22.9%
Falls including syncope or collapse	60-90%	36.3%	767	2115	992	31.9%

For more help, contact aec@nhselect.org.uk and check out the Measurement for Improvement Guide on the [website](#).