## **UH Bristol CQUINS 2012/13**

Goal Number	Indicator Number	Indicator Name	Contract Type
1	1	VTE Prevention	Non
			Specialised/Specialised
1	2	VTE Prophylaxis	Non
			Specialised/Specialised
2	1	National Patient	Non
		experience - Personal	Specialised/Specialised
		needs	
2	2	Local Patient experience	Non
		- Noise at night	Specialised/Specialised
2	3	Local Patient experience	Non
		- Medication side effects	Specialised/Specialised
2	4	Local Patient experience	Non
		- Kindness &	Specialised/Specialised
		understanding	
3	1	Dementia Screening	Non
			Specialised/Specialised
3	2	Dementia risk	Non
		assessment	Specialised/Specialised
3	3	Dementia referral for	Non
		specialist diagnostics	Specialised/Specialised
4	1	NHS Safety	Non
		Thermometer	Specialised/Specialised
5	1	Assistive	Non Specialised
		technologies/Telemedici	
		ne	
5	2.1	Digital by Default –	Non Specialised
		Advice and Guidance	
5	2.2	Digital by Default – Non-	Non Specialised
		face to face	
5	3	Peri-operative Cardiac	Non Specialised
		Output Optimisation	
6	1	5% reduction in	Non Specialised
		emergency admissions	
6	2	Improving discharges for	Non Specialised
_		patients with dementia	
7	1	Increasing the number	Non Specialised
		of people dying at home	
8	1.1.a	Enhanced recovery: 80%	Non Specialised
		of patients having	
		elective	
		Oesophagectomy	
		procedures in Upper GI	
		recruited into the	
		Enhanced recovery	
0	1 1 h	programme.	Non Specialized
8	1.1.b	Enhanced recovery: 30%	Non Specialised
		of patient undergoing elective bowel resection	
		procedures will be	
		recruited into an	
		Enhanced recovery	
		·	
		programme.	

8	1.1.c	Enhanced recovery: 80% of Gynaecology cancer patients recruited into	Non Specialised
		the Enhanced Recovery Programme.	
8	1.2	Enhanced recovery: 30%	Non Specialised
	1.2	of thoracic lobectomy	Tron openiansed
		procedure performed as	
		a VATs procedure.	
8	2	Direct admission	Non Specialised
		pathway compliance	·
8	3	Referrals to GPSU /	Non Specialised
		ambulatory care	
8	4.1	Nutrition: MUST	Non Specialised
		nutritional assessment	
		on admission to an	
		inpatient bed (current	
		CQUIN) 90%.	
8	4.2	Nutrition: 95% Protected	Non Specialised
		mealtimes observed	
		(adults).	
8	4.3	Nutrition: 90% Identified	Non Specialised
		as malnutrition risk done	
		so using cutlery sign	
		(adults).	
8	4.4	Nutrition: 90% of	Non Specialised
		children aged 2 and over	
		to receive the STAMP	
		malnutrition risk	
		screening on admission	
		to an inpatient bed.	
8	5.1	Medication errors:	Non Specialised
		medicines reconciliation	
8	5.2	Medication errors:	Non Specialised
		omitted doses (adults	
		and paediatrics)	
8	6	Emergency theatre	Non Specialised
		waiting times - 80% of	
		patients fit for	
		emergency surgery,	
		accessing theatre within	
0	7	36 hours (SH&N)	Non Crosisticad
8	7	Diabetes care for	Non Specialised
		surgical patients - % of	
		surgical patients	
		receiving specialist diabetic nurse input	
		(pre/post surgery)	
Q	8.1		Non Specialised
8	0.1	Acute oncology: Reducing presentations	Non Specialised
		to ED/MAU of patients	
		undergoing systemic	
		anti-cancer therapy	
		anti-cancer therapy	