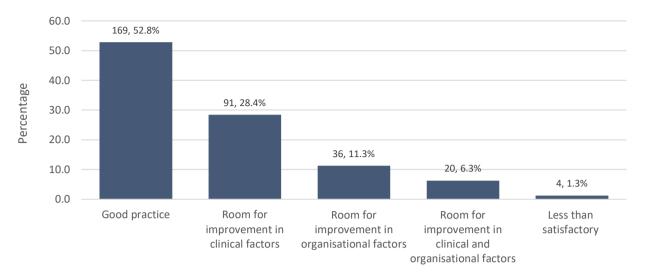
11 OVERALL QUALITY OF CARE



Overall quality of care rating

Figure 11.1 Overall quality of care; *n*=320 Case review data

The reviewers were asked to assign a grade to the overall quality of care received by each patient in the study (F11.1). Overall quality of care was rated as good for 169/320 (52.8%) patients. The reviewers reported there was room for improvement in the clinical and/or organisation of care for 151/320 (47.2%). A less than satisfactory rating was assigned to four patients (1.3%). These ratings do not consider the patient factors that have been shown to impact the care in this study.

Measuring performance is crucial for quality improvement. Only 22/47 vascular hubs stated that they recorded data on surgical procedures, while 19/42 collected data on interventional radiological revascularisation procedures for ALI. When asked about shared learning across the ALI network, the use of prospectively collected data was uncommon with most learning occurring in morbidity and mortality meetings or in response to reported adverse events.

Delays were identified as a key area of concern in improving ALI care. Considering the data relating to delays in the pathway, 123/249 (49.4%) individual patients who had a procedure experienced a delay at some stage between their initial presentation and first procedure. Excluding the patient-related delays in presenting, there were 115/249 (46.2%) individual patients delayed at some point in the pathway. National data collection for ALI would aid benchmarking and monitoring of the delays occurring thought the entire ALI pathway. This could focus resources as well as educational opportunities.

The vascular hubs identified delays in patient presentation, initial assessment, recognition of and imaging for ALI as areas requiring improvement, along with transfer delays between vascular hubs and spoke hospitals. Additional challenges included a limited number of vascular surgical beds, the lack of a hybrid theatre, and too few interventional radiologists, limiting the treatment options. Embedding this into a registry would ensure that these factors can be considered beyond this report alone.