

Open and Honest Care in your Local Hospital



The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

Report for:

**Calderdale and Huddersfield
Foundation Trust**

October 2013

Open and honest care at Calderdale and Huddersfield Foundation Trust : October 2013

This report is based on information from October 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Calderdale and Huddersfield Foundation Trust's performance.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered harm whilst in our care. We call this the safety thermometer. The safety thermometer look at four harms in particular: pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. This helps us to understand where we need to make improvements. The score below shows the percentage of patients who did not experience any new harms.

93.1% of patients did not experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

Health care associated infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

The MRSA bacteria is often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to infections and are working towards eradicating them; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough. The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

	C.difficile	MRSA
This month	0	0
Improvement target (year to date)	29	0
Actual to date	11	1

Pressure ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into four grades, with one being the least severe and four being the most severe. We also record whether the pressure ulcer developed within 72 hours of being in hospital, or anytime after 72 hours in hospital.

This month 5 of our patients suffered Grade 2 - Grade 4 pressure ulcers.

	Pre 72 hours	Post 72 hours	Total
Grade 2	0	1	1
Grade 3	2	1	3
Grade 4	0	1	1

So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1000 bed days:	0.2
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Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month 1 of our patients suffered a fall that caused at least moderate harm.

Severity	Number of falls
Moderate	1
Severe	0
Death	0

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Rate per 1,000 bed days:	0.1
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2. EXPERIENCE

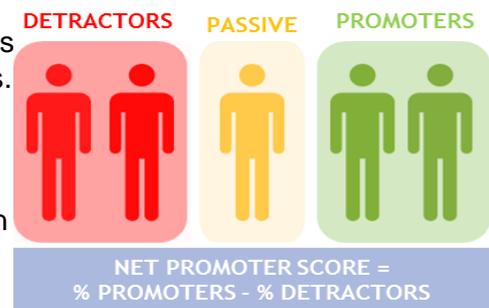
To measure patient and staff experience we use a Net Promoter Score.

The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given 3 groups of people can be distinguished:
Detractors - people who would probably not recommend you based on their experience

Passive - people who couldn't really say one way or another

Promoters - people who have had an experience which they would definitely recommend to others



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

We asked 707 patients the following questions about their care:

	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	82
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	70
Were you given enough privacy when discussing your condition or treatment?	91
During your stay were you treated with compassion by hospital staff?	n/a
Did you always have access to the call bell when you needed it?	n/a
Did you get the care you felt you required when you needed it most?	91
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	75

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The hospital had a score of **74** for the Friends and Family test.

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

A patient's story

Patient sustained a deterioration of a category 2 to category 3 pressure ulcer to his heel whilst in our care.

- Were you involved as much as you wanted to be in decisions about your care and treatment?
Initially when I came into hospital I was very frightened my breathing was really bad and my blood sugars were low I felt terrible. I knew my condition was getting worse but did not want to come into hospital. Then I could not breathe it really scared me. I felt helpless as I have had a stroke earlier this year and reliant on other people all the time. The doctors on the assessment ward did explain the tests I needed and the treatment. I was glad they took charge and I was given the chance to ask questions and if I did not understand I asked.
I am paralysed down my left side and in a wheelchair now as I had a stroke earlier this year, the carers at home are good but I think they find it a struggle at times. People have helped me and my wife make decisions I think I will have to go into care for a while. The doctors, therapists and nurses have helped a lot. They gave me information, let me have time to think, talked to my wife and explained- I have felt supported that means a great deal and we both had the opportunity to ask - "two heads are better than one."
- Were you given enough privacy when being examined or treated?
When you don't always know when you need the toilet and need cleaning up its embarrassing, I was a bit ashamed. The nurses never made a fuss just sorted me out, made me comfortable.
- Did you have confidence and trust in the nurses treating you?
The nurses are all good but busy, I felt safe.
- If you were ever in pain, do you think the ward staff did everything they could to help control your pain?
The nurses asked me about my pain each day. I had a lot of pain in my shoulders and neck and then my back. I had Paracetamol and codeine tablets. The pain is better but sometimes I am uncomfortable at night.
- Did you get enough help from staff to eat your meals?
As long as I was sat up supported in bed or in my chair I can manage meals and drinks myself. They have a system where the nurse come round and check if you are ok, tidies your table and gives a wet wipe for your hands before meals.
- On reflection, did you get the nursing care that mattered to you?
Yes, staff are kind and there is always someone nipping in to see if you are ok - nothing is too much trouble, they are angels.
- If a friend or relative needed treatment, would you recommend this ward?
Yes. I have been very satisfied.
- The pressure sore on your heel deteriorated whilst you were in our care, do you feel we provided the care you needed?
The nurses check my skin all the time and change my position in bed, I have a pressure mattress and the cushion in my chair and I will need these when I go home. The podiatrist has fitted this special boot and is coming back to see me again – I hope it doesn't get any worse because I'm a diabetic it takes longer to heal.

- What did we learn from the care we provided for our patient?
When the investigation was completed and shared with the nursing team it was identified that there was a need for a greater understanding of potential tissue damage and the increased risks associated with patients who have diabetes.
As a result of this one of the staff nurse who has a particular interest in diabetes is developing a resource file to share with the team, with emphasis on the importance of foot care and preventative interventions to avoid tissue damage.
Diabetic patients who are admitted to the ward with existing tissue damage or identified at increased risk will have an early referral to the podiatry and the tissue viability service for assessment, advice on preventative care and support for the patient and ward team.

Staff experience

We asked staff the following questions:

	Score
I would recommend this ward/unit as a place to work	95
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	95
I am satisfied with the quality of care I give to the patients, carers and their families	65

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

Diagnostic Information sheet for Patients

Each ward now has a laminated copy of the common diagnostic procedures, e.g CT SCAN , MRI Scans, that are patient friendly and provide information to share with the patient and relative. This provides standardised information pre-procedure in an attempt to reduce anxiety and provide information. This is undertaken by the doctor or the named nurse for the patient and provides the opportunity for further discussion.

Dear Doctor

Patients are provided with a paper headed 'Dear Doctor'. This provides the opportunity for patients and relatives to record any questions they may wish to ask the doctors or nursing staff during the ward round. This can also provide general information back to carers if they are not available on the ward round.

Train Volunteers for Cognitively Impaired Patients

The trust is actively supporting the recruitment of hospital volunteers that have a particular interest to support patients with cognitive impairment to help facilitate the distraction activity on the ward areas. This is being supported by the trust-wide dementia collaborative work.