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

September 2014

Open and Honest Care at Calderdale and Huddersfield Foundation Trust : September 2014

This report is based on information from September 2014. 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 certain types of harm whilst in our care. We call this the NHS Safety Thermometer. The safety thermometer looks at four harms: 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 harms.

93.9% 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)	18	0
Actual to date	14	0

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.

This month 5 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of Pressure Ulcers
Grade 2	4
Grade 3	1
Grade 4	0

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:	0.26

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. **This includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of Falls
Moderate	1
Severe	1
Death	0

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Rate per 1,000 bed days:	0.10

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.

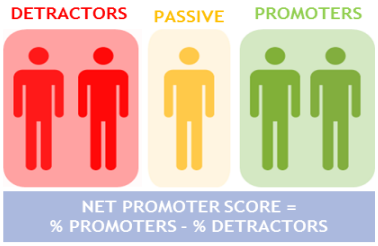
From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience, or couldn't say.

Passive - people who may recommend you but not strongly.

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

The Friends and Family Test

The Friends and Family Test (FFT) 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?* We ask this question to patients who have been an in-patient and/or attended Acccident & Emergency (A&E). Both scores (if applicable) are below;

In-patient FFT score*	**76**	*This is based on 2407 responses.*
A&E FFT score*	**54**	*This is based on 7228 responses.*

*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/

We also asked 978 patients the following questions about their care:

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	73
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	79
Were you given enough privacy when discussing your condition or treatment?	90
Did you get the care you felt you required when you needed it most?	95
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	76

A Patient's Story

Mrs X shared her story as a staff member working on the orthopaedic unit who underwent an elective hip replacement procedure. She quite literally “stood in the patients shoes”

First step after been listed was to attend joint school. All relevant information given about the ward; and the whole procedure from admission to discharge and arranged for any necessary equipment or adaptations. Then proceeded to pre-assessment and information regarding fasting times given and relevant questions answered. Booklets given in abundance; there were 6 in total- admission to CRH for surgery, welcome to The CRH Total Hip Replacement Programme, Wards 8AB, preventing hospital acquired blood clots, what is MRSA, and anaesthetic choice for hip or knee replacements. All in all a good night’s reading!

Arrived for surgery and booked in. seen by consultant, anaesthetist and nursing staff. Lots of questions and lots of paperwork to complete. Informed of the pending procedure- a spinal anaesthetic. Very strange and weird experience. Was also given sedation so don’t really remember much until the recovery area. Had 1-1 care and was then transferred to the ward.

Moving was nearly impossible as had no legs to aid movement due to the spinal anaesthetic. Tried to sit up but after a struggle gave up and let the electronic bed do most of the work. Didn’t feel comfortable and felt it was going to be a long night.

Day one post-operative and morning staff appeared bright and cheerful. Before I knew what was happening I was being asked to get out of bed. Everything around me felt surreal- I was unaware of doing anything but found myself sitting in the chair. I had 5 visits that day from healthcare professionals including nursing staff. Visits included phlebotomy staff; physiotherapists; occupational therapists and a porter who took me to x-ray. Not a pleasant experience- had to ask radiographer to stop as she rammed something into my wound – was glad when the x-ray was over.

In the days following surgery attempted mobilisation and attempted hip exercises but so difficult due to the pain. Have asked consultant and physiotherapist why pain is so severe but no real answers. Attempted to shower independently but found this difficult as no shelving to put products on. Didn’t want to put products on the floor as this would break hip precautions. What should have been a 10 minute shower turned into a 45 minute one.

I felt frustrated that everyone else on the ward was doing better than me, we say to patients all the time don’t compare yourself- we are all individuals but I was younger than most and of course I was comparing and feeling frustrated with myself. My summary of having a total hip replacement was that it was all a bit of a blur. I felt that despite being staff my stay was the same as other patients and we are in and out quickly but sometimes patients need more input, time, empathy and to listen- it’s a painful procedure and it has its limitations!

Staff Experience

We asked 5 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work?	80
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment?	100
I am satisfied with the quality of care I give to the patients, carers and their families?	100

3. IMPROVEMENT

Improvement Story: We are listening to our patients and making changes

To work closely with pre-assessment at the patient information booklet to see if the information can be condensed into one booklet and to ensure that the information is not repeated.

To work with the MDT team regarding visits so soon after surgery- some for example check x-ray do not need to be completed so soon after surgery

Increase communication with all members of the MDT team to ensure that all questions such as pain relief are answered to the patient's satisfaction

Mobile toiletry trolleys purchased in order for patients to have belongings close at hand when hygiene cares being performed.

All members of the MDT team to be reminded that each patient is an individual with individual needs and must be treated and cared for as such. Patient centred care should be at the heart of everything that we do.