

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**

April 2014

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

This report is based on information from April 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the 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 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 new harms.

94.8% 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	3	0
Improvement target (year to date)	18	0
Actual to date	3	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 21 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	18
Grade 3	3
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:	1.08
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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 we reported 1 fall(s) 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:	0.05
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2. EXPERIENCE

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

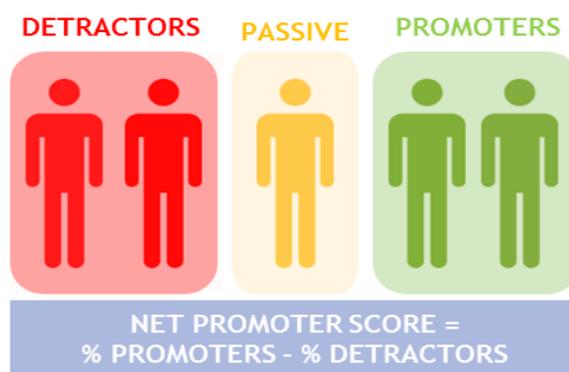
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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

Detractors - people who would probably not recommend you based on their experience, 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 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 **75** for the Friends and Family test*. This is based on 2421 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 159 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?	78
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	66
Were you given enough privacy when discussing your condition or treatment?	87
During your stay were you treated with compassion by hospital staff?	
Did you always have access to the call bell when you needed it?	
Did you get the care you felt you required when you needed it most?	89
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	75

A patient's story

Mrs C has recently been diagnosed with Clostridium difficile whilst in our acute care. She had been admitted for treatment of a newly diagnosed oncology condition for which she had commenced treatment. She kindly agreed to share her experience of the impact of the Clostridium difficile diagnosis with one of the matrons during a daily patient reviews which is undertaken in the Trust for all patients who have this diagnosis.

She explained how she felt when she was given the diagnosis "I don't know what I thought initially I was quite numb, the diarrhoea started and I felt I had this and the cancer treatment symptoms to contend with, everyone was very supportive but I did think why me?"

"One of the most difficult things that I had to deal with was being in a side room, this one is much better than the one at the other side room as it was dark with no view ,it was very depressing. I am a very sociable person and missed the company and that was difficult, I did feel isolated at the beginning, however as by cancer treatment started I tired very easily and needed to rest."

"Fortunately my appetite is improving, I am not feeling sick anymore and I am enjoying my meals. The meals are varied but not like I make at home "

"The staff have been very good and helps me with a shower every day, the diarrhoea made me feel unclean and I blamed myself for picking up the bug, which I know is not the case. I make sure the everyone who comes into my room washes their hands when they leave, I know that hand washing is so important. "

Do you feel you have been kept fully involved and informed of your care and treatment?

"I get lots of information and what I don't know I can always find someone to ask ,the doctors and nurses keep me updated daily , so yes I am satisfied that my care is discussed with me and I can make decisions. I keep a little black book that I use to write down questions and answers, it helps to keep my husband up to date too."

Are you getting the nursing care that matters to you?

"Definitely the staff are very caring and thoughtful, there is always someone about who checks if I need anything, I am regaining by independence but know my limitations."

Staff experience

We asked 30 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	87
I am satisfied with the quality of care I give to the patients, carers and their families	93

3. IMPROVEMENT

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

Clostridium difficile (C. difficile) is one of the major causes of infective diarrhoea. The trust has been successful in reducing the numbers of in-patients with C. difficile Infection (CDI). This has incorporated a variety of measures including Department of health (DH) guidelines which focus on antibiotic guidelines, infection prevention and control precautions and other initiatives. These measures have been implemented nationally.

In addition to these DH guidelines, this trust has implemented other measures which include a daily review checklist process of all patients with CDI. This process involves infection prevention and control nurses (IPCNs) alongside matrons working with ward staff to assist in recognising potential complications of the disease (CDI) by undertaking a individual patient review which involves visiting the patient and providing the opportunity to discuss any concerns or ask questions. The review also ensures that consistent infection prevention and control practices are in place to help prevent the spread of the disease. Important aspects in this process include staff and patient education and increased visibility and approachability of key players (IPCNs and matrons) which has overall helped in developing relationships with ward staff. Preliminary findings from a local research project indicate that all groups of staff involved in the process (ward staff matrons and IPCNs) have found the daily review process to be positive.

To complement the above measures the Trust has also introduced a specific care plan to assist in the care and management of patients with CDI. The emphasis of the care plan is patient centred and focuses on patient safety and incorporates best practice guidelines from DH. This also provides opportunity for discussion with patients and their families about the potential feelings of isolated when being nursed in a sideroom and how this can be overcome by implementing increased staff and patient interaction in the frequency of intentional rounding and care interventions.