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

February 2014

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

This report is based on information from January 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.

92.1% **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	1	0
Improvement target (year to date)	25	0
Actual to date	15	2

For more information please visit:
www.website.com

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 23 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	13
Grade 3	7
Grade 4	3

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:	1.20

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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	1
Death	0

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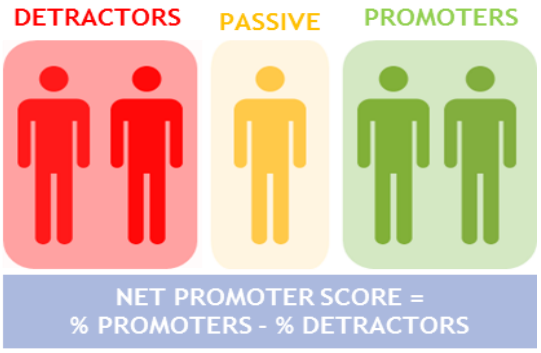
Rate per 1,000 bed days:	0.21

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 72 for the Friends and Family test*. This is based on 2307 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 666 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?	76
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	72
Were you given enough privacy when discussing your condition or treatment?	88
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?	90
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	72

A patient's story

Mrs F had metastatic gallbladder cancer for which she was receiving palliative chemotherapy. She required admission as she was diagnosed as probable sepsis. Unfortunately, during her admission she became symptomatic and on testing was found to be Clostridium difficile toxin positive.

The treatment for the sepsis continued throughout the week and as there was clinical improvement discharge planning was commenced, however family voiced concerns that they did not feel their mother was "back to her normal self " and felt she was intermittently confused. The following day there was a sudden deterioration in Mrs F's condition. Staff responded quickly and escalated for medical review and an urgent CT scan of her head was undertaken. A stroke was diagnosed. Mrs F's family were informed and kept up to date with her condition and management plan. They were understandably very upset.

The named nurse supported the family through this difficult time and acted quickly on concerns that they voiced about the air mattress that Mrs. F was placed on as they felt that it was too noisy and that the room she was occupying was, "too out of the way". A new mattress was ordered and to supplement the 2 hourly intentional rounding in place Mrs. F was moved closer to the nurses' station to provide reassurance for the family that their mother was more visible to the nursing team.

The family raised concern that on one occasion a sensitive conversation was undertaken with a family member outside the patient's room despite a relatives room on the ward being available.

It became evident that Mrs F deterioration was rapid and palliative management was appropriate. There was a detailed and supportive discussion with the family, ward sister and senior doctor. An individualised care plan was Pathway was initiated with family agreement to keep her comfortable. Mrs F died later that evening. What did we learn from the care we provided to our patient?

Following discussion with family there was some lack of understanding over the diagnosis of Clostridium difficile .We must remember to communicate in language and terminology that is readily understandable to patients and family. As a result of this, patient and family involvement in the completion of the Clostridium difficile care plan has been reinforced with the team and provides an outline for daily updates. The discussion about Mrs F's clinical condition should not have taken place in the corridor. This has been shared with the multidisciplinary team on the ward and we have apologised.

When Mrs F's condition took a further decline the consultant was immediately informed and her condition discussed at length with her family. All attempts were made to transfer her to her preferred place of death at the local hospice. On this occasion we were unable to facilitate her wishes and, as a result, all her end of life care needs were met by the nursing staff on the ward. Mrs F family initially found this difficult to accept and communication could have been improved between the team and close family members. Discussion and understanding of the individualised care plan needed to be tailored to meet the needs of grieving families to ensure they feel supported and inclusive. At this difficult time we need to ensure that timely and sensitive communication is of upmost priority.

Staff experience

We asked 17 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	88
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	94
I am satisfied with the quality of care I give to the patients, carers and their families	94

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.

Supporting information