

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
Trust**

November 2013

Open and Honest Care at Calderdale and Huddersfield Foundation Trust : November 2013

This report is based on information from November 2013. 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.

92.3% 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	1
Improvement target (year to date)	28	0
Actual to date	12	2

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

Severity	Number of pressure ulcers
Grade 2	3
Grade 3	0
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:	0.15
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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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

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Rate per 1,000 bed days:	0.00
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2. EXPERIENCE

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

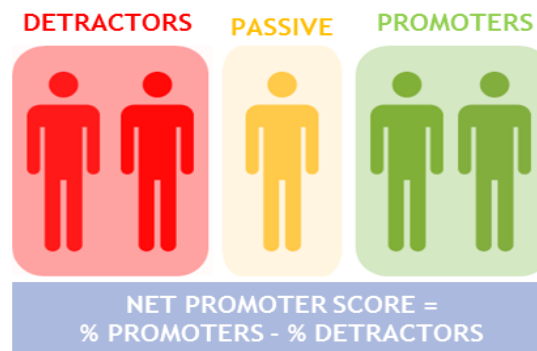
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **74** for the Friends and Family test*. This is based on 2475 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 783 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?	80
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	68
Were you given enough privacy when discussing your condition or treatment?	90
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?	93
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	74

A patient's story

Mr X an elderly man sustained a category 3 pressure ulcer to his right elbow whilst in our care.

Mr X was admitted following a fall and sustained a fractured neck of femur and a graze to his right elbow. He also was an insulin controlled diabetic which was requiring intensive monitoring and insulin adjustment, he was critically unwell. Mr X also had dementia.

Full compliance in undertaking a full assessment and documentation of Mr X present skin was undertaken on admission and throughout his hospital stay. Early preventative care was initiated included the provision of a pressure relieving mattress and commencement two hourly intentional rounding and skin assessments, as he was at very high risk of pressure ulcer development. Nutritional supplements were also provided as his dietary intake had reduced prior to hospital admission.

In discussion with Mr X and his family the Trust Dementia Butterfly scheme was initiated shortly after admission.

Unfortunately during preparation for theatre Mr X rapidly deteriorated and he was diagnosed with cardiac event further complicated with chest sepsis. The immediate decision was for conservative management of the fractured neck of femur over the next couple of days.

The decision was made in discussion and with the agreement of Mr X's family that his care was not for escalation to High Dependency Unit/Intensive Care Unit and a Do Not Attempt CPR agreement was put in place.

Comfortable positioning for Mr X became challenging as there was increasing oedema (swelling) of the lower body and arms, and poor respiratory function and fracture.

On day 8 of his stay it was noted that his right elbow had become sloughy where the graze had been, a wound assessment chart was commenced and the wound was managed appropriately. Following review of the photographs Tissue Viability Nurse Specialist confirmed this was now a category 3 pressure ulcer.

Mr X and his family were made aware of the pressure ulcer and as part of the Open and Honest Care project MR X's son agreed to talk to the Matron on behalf of his father. At this point Mr X was too unwell to discuss his care in-depth but was able to nod his head when asked questions by his son. Matron structured the discussion around the following questions.

Do you feel you have been involved as much as you wanted to be in decisions about your father's care and treatment?

Yes, we have been kept fully informed of dad's condition, we have been aware of the treatment plan and the doctors and nursing staff have been very good at updating us when we have visited. Even when we have contacted the ward they have verified our ID and then discussed things with us. They have been really supportive.

We had not heard of the Butterfly scheme before but it is a great idea as it provides an additional way that nurses involved my dad and us with the opportunity to put a care plan together with the things that are important to my dad. It's the little things that make all the difference.

Do you feel that your dad and you, under what has been a difficult time for you all, have been given enough privacy and dignity?

Yes, the nursing staff are fantastic, they are very caring, and nothing is too much trouble. Mr X was able to nod when asked by his son did he also think the nursing staff were fantastic.

Do you have confidence and trust in the nurses treating your father?

Absolutely, like I said nothing is too much trouble.

If your father has been in pain do you think the ward staff have done everything they could to help control his pain?

Yes, when he has been in pain they have administered pain relief.

Has your father had enough help to eat his meals?

He has only been able to eat recently, previously too unwell, but now his condition has improved he has found the food very good and he has had the help he needed.

On reflection do you feel your father has had the nursing care that matters to him and to you?

Yes definitely, the nursing staff are wonderful, thank you.

If a friend or relative needed treatment would you recommend this ward?

Yes, definitely.

The graze on your fathers elbow has deteriorated whilst he has been in our care, do you feel we have provided the care he needed?

Yes, the staff have done all they can to look after dad, they have been fantastic.

Mr X's condition continued to improve and he was later taken to theatre for fixation of his fractured right neck of femur. The elbow wound is now improving.

What did we learn from the care we provided to our patient?

After undertaking an analysis of the care that was delivered. There were areas of good practice including a prompt assessment of Mr X skin on admission and his potential risk of tissue breakdown. Preventative interventions were in place and timely skin inspections of the at risk areas. However what had been classified as a graze on admission deteriorated probably as a result of Mr X general clinical condition, oedema and infection status. The graze had been covered and ongoing inspection every fourth day had been undertaken but a delay in reporting the deterioration and prompt referral to the Tissue Viability team was found following the presence of sloughy damage.

It is not uncommon for patients to sustain traumatic skin damage following falls and the care of these abrasions and minor skin damage requires the same diligence as skin areas due to pressure damage, this was acknowledged by the individuals nurses who had been involved in Mr X care.

Staff were asked to complete a reflective learning account which includes what led to this incident, what their learning needs are, what impact this has had to the patient and family and what they would do differently in future to prevent a repeat of this incident.

The incident has also been shared with the whole team through the ward meeting/ward meeting minutes.

Staff experience

We asked 15 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	93

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
