

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:

**South Tyneside NHS
Foundation Trust**

December 2013

Open and Honest Care at South Tyneside NHS Foundation Trust : December 2013

This report is based on information from December 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.

92.5% 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)	8	Zero avoidable
Actual to date	13	1

For more information please visit:

<http://www.sthct.nhs.uk/about-the-trust/news/hot-topics/preventing-infection>

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

Severity	Number of pressure ulcers
Grade 2	9
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:	1.12
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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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	0
Death	0

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Rate per 1,000 bed days:	0.37
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2. EXPERIENCE

For the Friends and Family Test we use a Net Promoter Score.

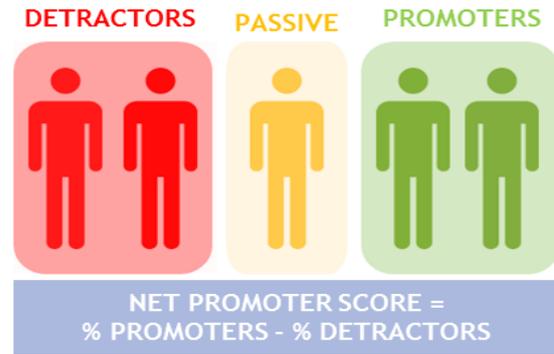
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **61** for the Friends and Family test*. This is based on 1091 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 56 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?	95%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	98%
Were you given enough privacy when discussing your condition or treatment?	98%
During your stay were you treated with compassion by hospital staff?	97%
Did you always have access to the call bell when you needed it?	100%
Did you get the care you felt you required when you needed it most?	96%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	97%
If you were ever in pain, do you think the ward staff did everything they could to help control your pain?	99%

For the patient and staff experience the Trust has an eight question format for patients and a three question format for staff. The patient questions are listed above and the staff questions are shown later in the report. The results show an average percentage score. The net promoter score has not been used for this purpose. For how we work out the average percentage score see Supporting Information at end of this report.

A patient's story

Our patient was an 81 year old lady who was admitted to hospital with urinary tract sepsis. The patient received antibiotics to treat the infection successfully.

After 11 days in hospital the patient developed Clostridium difficile infection and had moderate symptoms of diarrhoea for 8 days. The ward staff suspected the patient had Clostridium difficile infection and sent a stool sample the same day the patient's symptoms started. The positive result was received the next day and the patient started antibiotic treatment for the Clostridium difficile infection.

A route cause analysis (RCA) was carried out to identify what led to the patients Clostridium difficile infection and any opportunities for improvements in the care we give to our patients. The Root Cause Analysis found that leading up to the Clostridium difficile infection the patient had received good care and the infection could not have been avoided.

The route cause analysis also found there could be some improvement in the recording of the symptoms and this may have helped

Staff experience

We asked 35 staff the following questions:

	Score
I would recommend this ward/unit as a place to work	94%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	93%
I am satisfied with the quality of care I give to the patients, carers and their families	96%

3. IMPROVEMENT

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

We carry out Root Cause Analysis on all health care associated infections as we want to do everything we can to ensure our patients receive the best care in the first place but if anything goes wrong we want to do everything possible to make sure we put it right.

In our Trust the Root Cause Analysis for health care associated infections are carried out jointly by the ward or community team and the infection control team. The learning is shared with the teams who are caring for the patient. It is also presented and discussed at our Trust health care associated infection taskforce meeting so that all of our patients benefit from the learning.

Outcome

We have developed a patient follow up protocol that is now used alongside our Clostridium difficile infection care pathway to ensure all of our patients are visited by one of our specialist infection prevention and control nurses every other day.

This means that:

- Our patients and their family have the opportunity to talk about their infection with an expert regularly.
- Our patient's recovery is monitored very closely by our staff, and the infection prevention and control team.
- If a patient is not recovering as quickly as they should their treatment plan is reviewed.
- Our patients, staff and infection prevention and control team have assurance that all measures are in place to support the patient recovery and prevent spread of infection.
- Documentation is seen as an integral part of the patients care.

Supporting information

PATIENT AND STAFF EXPERIENCE SCORING

The Patient and Staff Experience responses are weighted:

Response	Weighting
Strongly agree/Agree	+ 2
Neither agree/nor disagree	+ 1
Disagree/Strongly disagree	0

The formula to work out the % for each question

sum total of responses X 100

number of relevant responses x 2 (max score available)

e.g. for 10 responses, 6 x strongly agree/agree (6 x 2 = 12), 3 x neither/nor (3 x 1 = 3), 1 x strongly disagree/disagree (1 x 0 = 0) add these together (12 + 3 + 0 = 15) divide this by max score available (10 x 2 = 20) - $15/20 = 0.75 \times 100 = 75\%$

Any n/a (e.g. no need to ask or patient refused to answer) answers are not scored or counted in these percentages.