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

February 2014

Open and Honest Care at South Tyneside NHS Foundation Trust : February 2014

This report is based on information from February 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.

89.7% **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)	8	Zero avoidable
Actual to date	15	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 8 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	8
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:	1.01

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

Severity	Number of falls
Moderate	8
Severe	0
Death	0

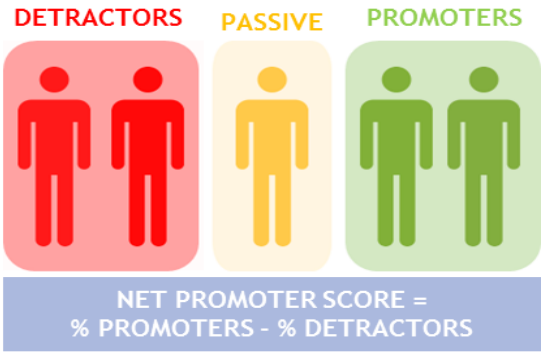
So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling 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 1,000 bed days:	1.01

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 63 for the Friends and Family test*. This is based on 788 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 71 patients the following questions about their care:

	Score
Were you involved as much as you wanted to be in decisions about your care and treatment?	93%
When you had important questions to ask a nurse, did you get answers that you could understand?	93%
Were you given enough privacy when being examined or treated?	100%
Did you have confidence and trust in the nurses treating you?	96%
If you were ever in pain, do you think the ward staff did everything they could to help control your pain?	99%
Did you get enough help from staff to eat your meals?	100%
On reflection, did you get the nursing care that mattered to you?	94%
If a friend or relative needed similar care or treatment, would you recommend this ward?	95%
Did you always have access to the call bell when you needed it?	95%

For the patient and staff experience the Trust has a nine 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

In patient falls resulting in suspected fractured neck of femur

Our patient was admitted onto an elderly care ward after being diagnosed with a urinary tract infection. The patient responded well to treatment and was assessed as being medically fit for discharge home after 3 days. On the morning that the patient was to be discharged home, the patient fell. The patient had a suspected fractured neck of femur and was transferred to a surgical ward.

Following surgery the patient spent a further 12 weeks in hospital undertaking recovery and rehabilitation before being discharged home.

The patient experience provided us with an opportunity to improve the patient pathway. What we did next is described in the Improvement story below.

Staff experience

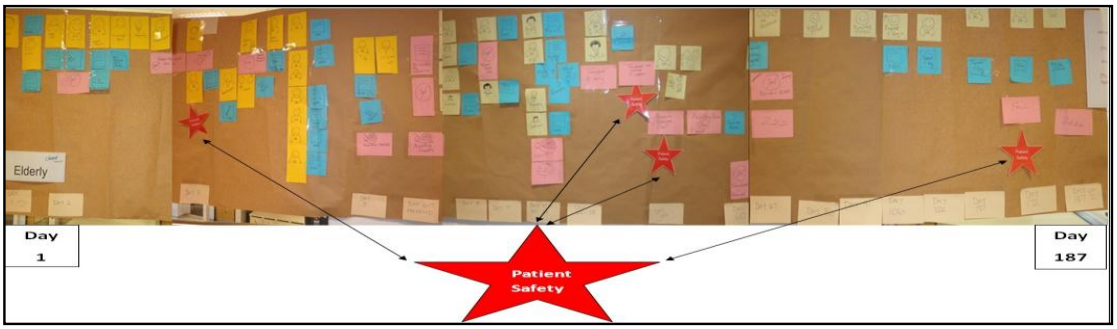
We asked 71 staff the following questions:

	Score
I would recommend the ward/department as a place to work	85%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	90%
I am satisfied with the quality of care I give to the service, patients, carers and their families	90%

3. IMPROVEMENT

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

In patient falls resulting in suspected fractured neck of femur
Target
A scoping exercise was undertaken across medical, surgical and elderly wards to map the process and pathways for in-patients who fall.
Through data gathering / analysis and observation a process map of the current patient pathway was developed. The map enables the improvement leaders to describe the whole pathway from patient fall, through surgery, rehabilitation and discharge. The process map uses standard colours and pictures to define the flow, the people involved in the process, as well as the systems and documentation used along the patient's journey.



The map acts as a visual tool to highlight defects, delays, waste and non value added activity which present opportunities for improvement.
Through the use of observation of the process, data analysis and patient stories we identified:-

- There was variation in the process and pathways for falls patients who have suspected fractured neck of femur
- There was delays in assessment of falls patients and access to the right pathway for their individual needs and ensure timely treatment intervention.

Outcomes

We undertook an improvement event which reviewed the data and process map with ward teams which generated 19 ideas for improvement from staff across the current pathway.

During the event staff worked on core themes and developed a range of tools to support improvement of the process including :-

- Development of a standard pathway for the management of patients with suspected fractured neck of femur to allow timely care intervention and treatment.
- A visual tool (flow chart) was developed to aid staff in the pathway for patients who are suspected of having fractured neck of femur following a fall.

Re-measures

The introduction of a standard 36 hour pathway for suspected fractured neck of femur will reduce the time to surgery by up to 85% (or 204 hours)

Supporting information

PATIENT AND STAFF EXPERIENCE SCORING
The Patient and Staff Experience responses are weighted:

Response	**Weighting**
Always/Definitely	+ 2
Sometimes/To some extent	+ 1
No	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 Always/Definitely (6 x 2 = 12), 3 x Sometimes/To some extent (3 x 1 = 3), 1 x No (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 x 100 = 75%

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