

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**

November 2013

Open and Honest Care at South Tyneside NHS 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.

92.2% 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)	8	Zero avoidable
Actual to date	12	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 16 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	15
Grade 3	1
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:	1.95
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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:	0.12
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2. EXPERIENCE

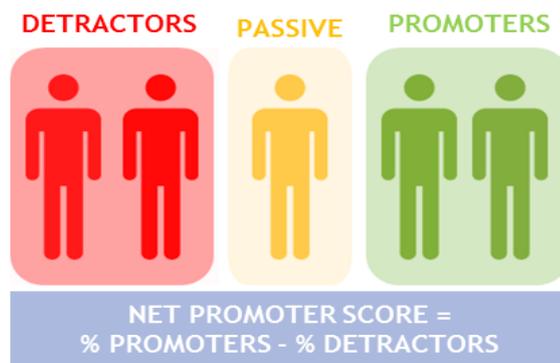
For the Friends and Family Test we use a Net Promoter Score.

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 **63** for the Friends and Family test*.

This is based on 924 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 60 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?	69%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	70%
Were you given enough privacy when discussing your condition or treatment?	77%
During your stay were you treated with compassion by hospital staff?	80%
Did you always have access to the call bell when you needed it?	80%
Did you get the care you felt you required when you needed it most?	73%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	77%
If you were ever in pain, do you think the ward staff did everything they could to help control your pain?	71%

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 a 77 year old man who experienced a fall in hospital. The patient had recently had three hospital admissions linked to falls. Mapping of the patients stay highlighted he had been moved to number of different wards during his current stay. Falls risk assessment had been undertaken on admission, however it wasn't clear if the assessment had been reviewed and updated when the patient moved to a ward, or on subsequent move to different ward. The patient notes and documentation was difficult to follow and was fragmented in terms of chronological order, with duplication of some assessments and gaps in others.

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

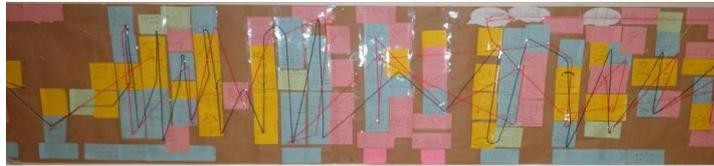
We asked 41 staff the following questions:	Score
I would recommend this ward/unit as a place to work	62%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	63%
I am satisfied with the quality of care I give to the patients, carers and their families	65%

3. IMPROVEMENT

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

Target

A scoping exercise was undertaken to map the current documentation used across elderly, medical and surgical areas. Through data gathering / analysis and observation a process map of the documentation process was developed. The map enables the improvement leaders to describe documentation used from admission to discharge to identify improvement themes. The process map uses standard colours and pictures to define the information flow, the people involved in the process, and current documentation used along the patient's journey.



The map acts as a visual tool to highlight defects, delays, waste and non value added activity. The blue areas are documentation / patient records and the pink represents areas of defects (including gaps or rework), waste and non-value added activity. This presents opportunities from which we could focus our improvement activities. We identified that :-

- There were gaps in assessment records from admission to ward, transfers between wards through to discharge of the patient
- There was variation in risk documentation used during the patient stay
- There was variation in how documentation was stored within patient notes
- There was duplication of assessment when patient transfers from ward to ward

Outcomes

We undertook an improvement event which reviewed the data and process map with ward teams which generated 22 ideas for improvement of care documentation. During the event staff explored the options and:-

- produced a single integrated care record that would be used from admission through to discharge that would follow the patient and encompass all relevant risk tools including falls
- produced standard work linked to the completion of the documentation and relevant risk tools

Re-measures

The integrated care documentation which encompasses "live" risk assessments including falls is now used across all ward areas and follows the patient from admission to discharge. The introduction of integrated records has reduced the number of forms / templates / pages by 41% and has reduced completion time by 42%. We removed 16 defects from the information process including the gap in transfer of falls risk documentation.

Supporting information

PATIENT AND STAFF EXPERIENCE SCORING

The response ranges for the patient and staff experience questions have increased so the scoring also had to be adjusted. The Patient and Staff Experience responses are weighted:

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

The formula to work out the % for each question

$$\frac{\text{sum total of responses} \times 100}{\text{number of relevant responses} \times 2 \text{ (max score available)}}$$

e.g. for 10 responses, 6 x strongly agree ($6 \times 2 = 12$), 2 x agree ($2 \times 1 = 2$), 1 x neither/nor ($1 \times 0 = 0$), 1 x strongly disagree ($1 \times - 2 = - 2$) add these together ($12 + 2 + 0 + - 2 = 12$) divide this by max score available ($10 \times 2 = 20$) - $12/20 = 0.6 \times 100 = 60\%$

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