NHS England

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

October 2013

Open and honest care at South Tyneside NHS Foundation Trust : October 2013

This report is based on information from October 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about South Tyneside NHS Foundation Trust's performance.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered harm whilst in our care. We call this the safety thermometer. The safety thermometer look at four harms in particular: 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% 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	9	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. We also record whether the pressure ulcer developed within 72 hours of being in hospital, or anytime after 72 hours in hospital.

This month 34 of our patients suffered Grade 2 - Grade 4 pressure ulcers.

	Pre 72 hours	Post 72 hours	Total
Grade 2	0	24	24
Grade 3	0	0	0
Grade 4	0	0	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:	2.9

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month 1 of our patients suffered a fall that caused at least moderate harm.

Severity	Number of falls
Moderate	1
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:	0.1

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
Passive - people who couldn't really say one way or another

Promoters - people who have had an experience which they would definitely recommend to others
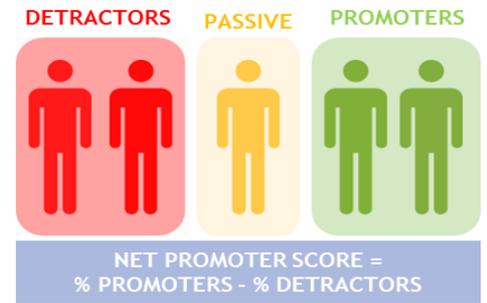
This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

We asked 81 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?	92%
When you had important questions to ask a nurse, did you get answers that you could understand?	94%
Were you given enough privacy when being examined or treated?	98%
Did you have confidence and trust in the nurses treating you?	98%
If you were ever in pain, do you think the hospital staff did everything they could to help control your pain?	97%
Did you get enough help from staff to eat your meals?	94%
On reflection, did you get the nursing care that mattered to you?	100%
If a friend or relative needed treatment, would you recommend this ward?	98%

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/

A patient's story

Our patient was an 83 year old lady who lived at home, was independent and normally self caring. The patient was admitted onto an elderly care ward after experiencing symptoms of dizziness, resulting in a fall at home and was diagnosed with urinary tract infection. A falls risk assessment was undertaken which highlighted the patients risk of fall. The day after admission the patient was attempting to get out of bed to go to the toilet when she suffered a fall.

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 98 staff the following questions:

	Score
I would recommend this ward/unit as a place to work	89%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this ward	92%
I am satisfied with the quality of care I give to Patients/Service Users	93%

3. IMPROVEMENT

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

Standardisation of Care – To Improve the Patients Pathway Following a Fall in Our Care

Target

A scoping exercise was undertaken to map the current ward routine across elderly, medical and surgical areas. Through data gathering / analysis and observation a process map of the falls in-patients experience was developed. The map enables the improvement leaders to describe patients pathway prior to their fall and identify any reoccurring themes. 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.

Zero Boarders – Process Map

The map acts as a visual tool to highlight defects, delays, waste and non value added activity. The red star signals a patient safety theme from which we could focus our improvement activities.

Outcomes

We undertook an improvement event which reviewed the data and process map with ward teams which generated 18 ideas for improvement of intentional rounding. During the event staff explored the options and:
• produced a standard process to support the introduction of intentional rounding during normal day to day ward routine across all wards.
• produced standard intentional rounding documentation / template to use during 24 hours a day

Re-measures

The integration of intentional rounding within day to day ward standard work has increased by 82% since the introduction of the rounding tool / template. The tool is now used across all wards and is completed in a standard way on an hourly basis.