

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:

County Durham and Darlington
NHS Foundation Trust

March 2015

Open and Honest Care at County Durham and Darlington NHS Foundation Trust : March 2015

This report is based on information from March 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about County Durham and Darlington NHS Foundation Trust's performance.

1. SAFETY

NHS 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 harms.

94.7% of patients did not experience any of the four harms whilst an in patient in our 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.

Patients in hospital setting	C.difficile	MRSA
This month	1	1
Trust Improvement target (year to date)	41	0
Actual to date	17	6

For more information please visit:

www.cddft.nhs.uk/

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 categories, with one being the least severe and four being the most severe. **The pressure ulcers reported include all avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment. In the community setting this includes any avoidable and unavoidable pressure ulcers that are identified at any time whilst the patient is on the caseload that were not present on initial assessment.**

This month 2 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 1 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting		
Category 2	2	0		
Category 3	0	1		
Category 4	0	0		

In the hospital setting, so we know if we are improving even if the number of patients we are caring for goes up or down, we 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 1,000 bed days: 0.09 Hospital Setting

In the community setting we also calculate an average called 'rate per 10,000 CCG population'. This allows us to compare our improvement over time, but cannot be used to compare us with other community services as staff may report pressure ulcers in different ways, and patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, our community may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 10,000 Population: 0.02 Community

The pressure ulcers reported include all pressure ulcers that occurred from 72 hours after admission

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. **This includes avoidable and unavoidable falls sustained at any time during the hospital admission.** Falls within the community setting are not included in this report.

This month we reported 7 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
Severe	1
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: 0.32

2. EXPERIENCE

To measure patient experience in the Community we use a Net Promoter Score.

The idea is simple: if you like using a certain product or doing

From the answers given 3 groups of people can be

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

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 from hospital, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment? We ask this question to patients who have been an in-patient and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;*

	% Recommended	
In-patient FFT score	91%	This is based on 1103 patient responses
A&E FFT score*	84%	This is based on 1237 patients responses

* Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

We also asked patients the following questions about their care in the hospital which are a measure of responsiveness of care:

	Mean rating (see supporting information for definition)
Did you feel involved enough in decisions about your care and treatment?	74
Were you given enough privacy when discussing your condition or treatment?	86
Did you find a member of staff to discuss any worries or fears that you had?	71
Did a member of staff tell you about any medication side effects that you should watch out for after you got home in a way that you could understand?	67
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	77

We also asked patients the following questions about their care in the community setting:

How likely are you to recommend our service to friends and family if they needed similar care?	NPS 65
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A patient's story

I would like to thank all the staff in Darlington Memorial Hospital, who were involved with the treatment of my mum when she was taken into A&E on the evening of Sunday 5 April (Easter Sunday) & my dad when he ended up in the same A&E the following morning.

Firstly I would like to thank the paramedic team who attended very quickly after my dad rang 999. The paramedics were very efficient & quickly transferred my mum into A&E at DMH with a suspected stroke.

A&E was pretty quiet at the time, and our family is very grateful that she received very good attention from the doctors & nurses on duty at the time. She also received a CAT scan and after consultation with the stroke unit at Durham a decision was made to keep her in the Memorial & by midnight, she had been found a bed in Ward 14.

The following morning when I was visiting mum in Ward 14 with my dad, my dad collapsed. The doctors & nurses in Ward 14 were fantastic; they responded immediately, gave him oxygen & he came round with their expert attention. They calmed & reassured me, & my mum, as we were naturally very upset & worried. They then arranged for him to be taken down on a trolley to A&E. Despite the fact that A&E was very busy with Easter Monday/warm sunny day activities injuries, on top of all the regular Monday traffic, my dad received excellent attention & was discharged the same afternoon.

All of the staff involved in these incidents were very kind and attentive & we could not have asked for better treatment for our parents.

After an MRI scan, my mum was transferred on Thursday 9 April to Bishop Auckland Hospital where she is now receiving excellent care from all the nurses doctors & therapists in the Stroke & Rehabilitation Unit – Ward 4.

We are very grateful & would like you to pass on our thanks to everyone involved in the care of our parents this past week.

Staff experience

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	52%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	59%

3. IMPROVEMENT

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

Patient attended for Day Surgery and there was a failure to meet her dietary and hygiene needs post-operatively. There was a lack of discussion and recorded information regarding medication and also a failure to meet the expected standard in the discharge process.

Actions

Staff are to be reminded of the process for accessing patient meals out of hours and the need to offer assistance with showers post-operatively. The department is to reintroduce patient menus for meal with staff being able to provide meals out of hours.

It will be reinforced to RGN's the need to consider medications before supplying medication to take home

The discharge process will be discussed at the next Unit meeting and the protocol to be distributed to nursing staff for review. There will be a competency assessment for the individual member of staff involved in the discharge along with a period of clinical supervision.

All figures are based on March performance with the exception of:

Staff Friends and Family is Q2 2014/15

Friends and Family In Patient & A&E is February 15

Patient Experience Acute is Q4 2014/15

Falls and Acute pressure ulcers are February 15

Community pressure ulcers are for November 14 The pressure ulcers reported this month were unavoidable . The most recent validated information will be reported as it is available.

Pressure ulcers Acute excludes maternity and paediatrics and includes two community hospitals

Patient experience mean rating - The mean rating score allocates a 'weight' to each response, with positive scores (e.g. excellent, very good, good) allocated a higher score than negative responses (e.g. fair, poor). For every evaluative question, each response category is 'weighted' between '0' (most negative) and '1' (most positive). An average for each question is then calculated, with higher scores indicating better results (or a more positive patient experience) and 100 being perfect.