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:

East Lancashire Hospitals NHS Trust

April 2015

Open and Honest Care at East Lancashire Hospitals NHS Trust : April 2015

This report is based on information from April 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about East Lancashire Hospitals NHS 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.

98.7% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.6% **of patients did not experience any of the four harms whilst we were providing their csare in the community setting**

Overall 99.1% **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.

Patients in hospital setting	**C.difficile**	**MRSA**
This month	2	0
Trust Improvement target (year to date)	3	0
Actual to date	2	0

For more information please visit:
www.website.com

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.**

This month 4 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 0 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospitals	Number of pressure ulcers in the Community
Category 2	4	0
Category 3	0	0
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:	0.16	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured from xx hours after admission to this Trust

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:	0.00

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

Severity	Number of falls
Moderate	4
Severe	1
Death	1

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:	0.24

2. EXPERIENCE

To measure patient and staff experience we ask a number of questions.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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	98.2%	This is based on 1716 patients asked
A&E FFT % recommended*	77.2%	This is based on 1320 patients asked

* 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 251 patients the following questions about their care in the hospital:

	Score	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?	98	
Did you always have access to the call bell when you needed it?	99	
Did you get the care you felt you required when you needed it most?	98	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	95	

We also asked 100 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	100
Did the health professional you saw listen fully to what you had to say?	100
Did you agree your plan of care together?	100
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	100
Did you feel supported during the visit?	100
Do you feel staff treated you with kindness and empathy?	100
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	100

A patient's story

I am a 77 year old patient with a long standing chest complaint requiring regular hospital admissions for Intravenous antibiotics and was delighted to read about the launch of the new OPAT (Outpatient Parenteral Antibiotic Therapy) Service within ELHT. The article published in the Lancashire Evening Telegraph in October 2013 explained that patients who are deemed medically stable are being given the opportunity of an early discharge or to avoid hospital admission altogether. I was so interested in the Service that I cut the article out of the paper to be used in the future when the need arose.

When my chronic condition worsened, I attended a GP appointment and advised him of the new Service. My GP then contacted the OPAT Lead Nurse for advice. In conjunction with my Respiratory Consultant who was advised of everything the service has to offer and the Consultant Microbiologist, I attended the Ambulatory Care Department. A Midline was placed by the OPAT Nurse and I was able to commence antibiotics in the comfort of my own home.

Due to the frequency of the antibiotics, myself and my wife, a retired midwife, were taught how to administer the antibiotics ourselves. My wife stated that "it was like riding a bike" whilst undergoing a full assessment including hand hygiene, Aseptic Non-Touch Technique and antibiotic administration. A keen advocate for my care, my wife relished the idea of having me at home whilst receiving the antibiotics I needed.

Both myself and my wife managed extremely well whilst at home and did not encounter any problems.

Being aware of the OPAT service not only ensured I did not have to have a hospital admission when I needed IV antibiotics, it also ensured the Service will be even easier the next time the need arises as a quick refresher will be all that is needed**.** Reading about the new service was like a light at the end of a tunnel, I have never like being in hospital and much prefer to stay at home. We are very pleased with the service, it saved me having a long hospital stay and enabled me to continue with my daily activities, I will no doubt be utilising the service for many years to come.

Staff experience

We asked 2032 staff the following questions:

	% recommended
I would recommend this ward/unit as a place to work	68
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	75

3. IMPROVEMENT

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

With reference to the patient story above, historically, patients like Mr P would be admitted approximately every four months for two weeks of treatment. The OPAT (Outpatient Parenteral Antibiotic Therapy) Service now pre-emptively books such patients onto the Service when a full assessment is undertaken. The assessment looks at clinical need and recent specimens; these are discussed with the Microbiologist along with the patient's Consultant to ensure IV antibiotics are required at that time. This ensures that we are giving patients the right treatment at the right time and in the right place.