

## NHS North West Transparency Project

### Reduction of Pressure Ulcers and Falls - How have we been doing? Patient and Staff Experience- What have they been saying?

We are one of a number of North West hospitals who are taking part in a project for us to be open and transparent about how we are doing relating to important areas of patient safety and quality of care. This is how a modern NHS hospital should be – open and accountable, to the public and patients, so that we can make improvements in the care we give. As a member of the “Transparency Project” set up in response to the Government’s vision for greater transparency, we have been working to further reduce the harm that patients sometimes experience when they are in our care. We have looked at the number of falls that have caused moderate to severe harm, and the number of pressure ulcers. We have made a commitment to publish a set of patient outcomes, patient experience and staff experience measures.

Last month was the first month we published data on pressure ulcers and falls and results of patient and staff experience surveys.

We have undertaken a number of actions in response to last month’s findings:

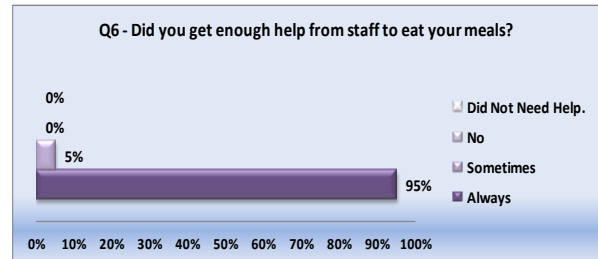
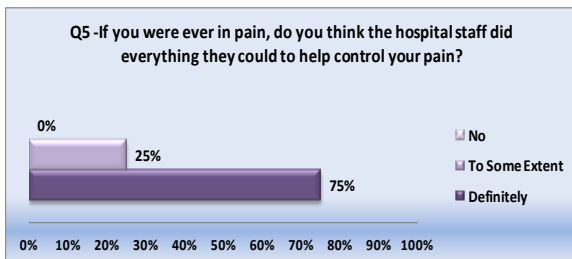
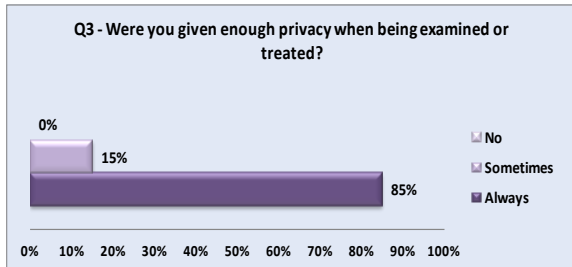
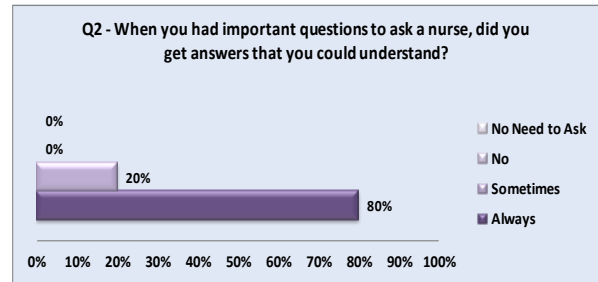
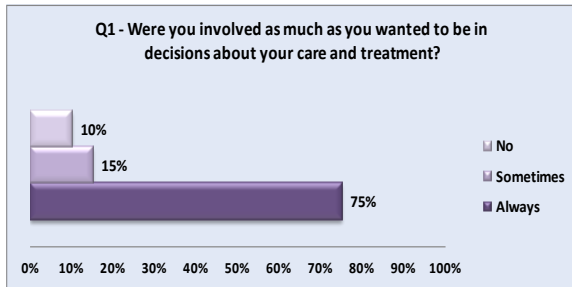
- We were concerned that some of our patients stated that they did not always get answers to their questions that they could understand-this has been fed back to the ward managers and matrons at their professional forum, so that all nurses are asked to ensure they take time to answer patients’ questions clearly and to check with the patient that they have understood.
- Some patients stated that they did not think that everything possible had been done to control their pain. Once this data was made public we were contacted by an ex member of staff who is a specialist pain nurse-the nurse offered to support us in any way she could in our efforts to improve in this area. We have also convened a meeting of the End of Life Care Group to discuss ways in which we can support our medical and nursing staff to improve management of the relief of pain at the end of life.
- One of our community specialist practitioners is now working alongside nurses on the hospital wards to share her expertise in end of life care and the learning from implementing the gold standard framework for end of life care in community settings-this is one of many benefits of the integration of hospital and community services that took place in July last year.

<b>In February we cared for 6,669 patients</b>	<b>2 patients suffered a fall in our care that resulted in a moderate harm in our care</b>	<b>0 patients suffered a pressure ulcer in our care</b>
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This month’s data is encouraging in that there were no new reported cases of pressure ulcers in February-unfortunately this does not mean that there were no patients with pressure ulcers in the hospital, but these would have been reported in a previous month or already present on admission to hospital.

Unfortunately there were two patients who suffered falls in our care-work is already under way to understand how these falls occurred and whether anything more could have been done to prevent them-the learning from these investigations will be shared in next month’s report.

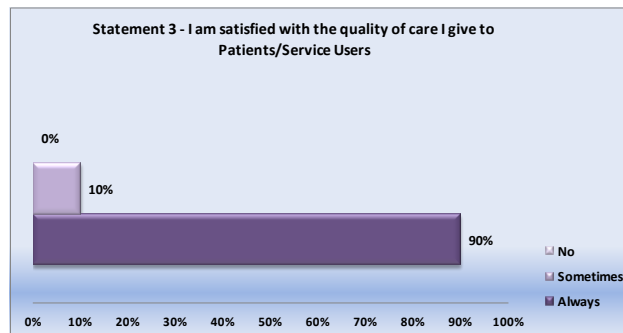
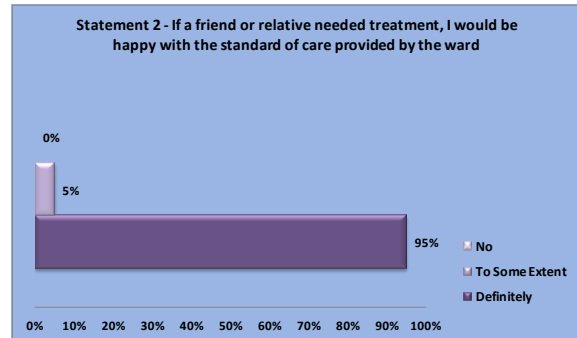
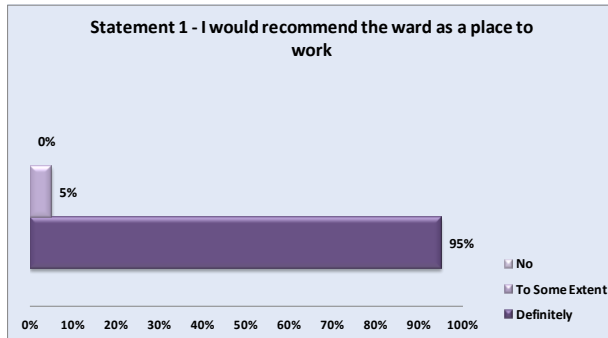
## What our patients said:



It is pleasing that this month's data is showing that our efforts to improve the clarity of answers to patients' questions appears to have had an effect, although it must be emphasised that the numbers of patients surveyed is very small and may not be statistically representative.

It is also pleasing that more patients reported that staff did everything they could to relieve their pain, although the same caution about the small numbers not necessarily being representative should be applied here.

## What our Nurses said about the care they provided:



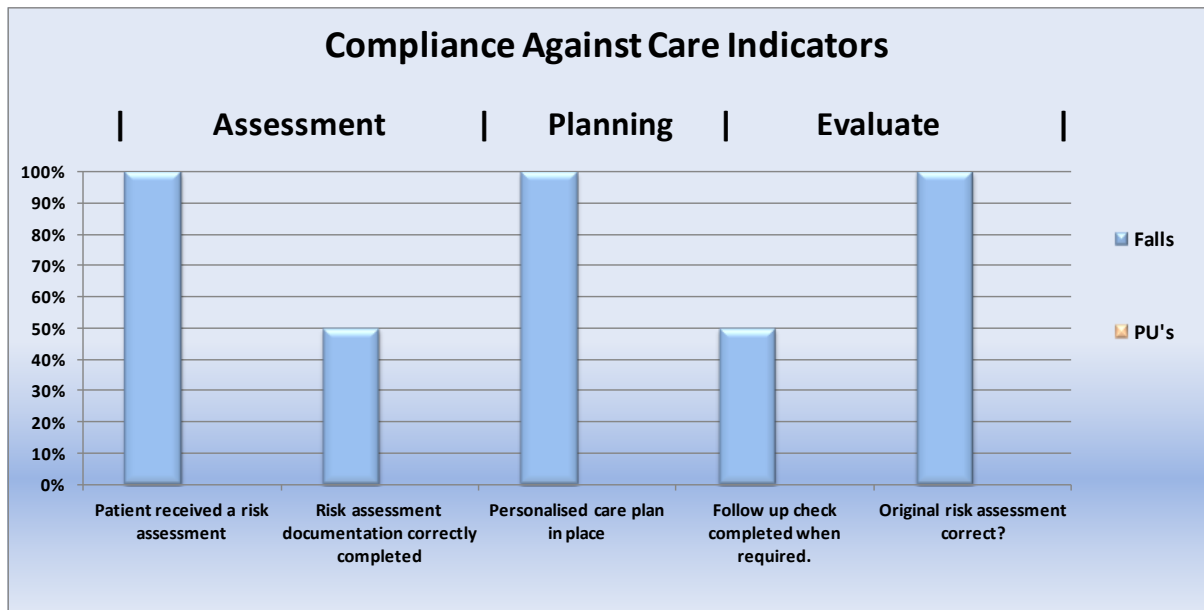
February's data shows a pleasing improvement in responses to all of the above questions. This may be because January was a difficult month-the hospital is at its busiest in the winter months when many patients with long terms conditions such as heart and lung diseases are admitted to hospital with worsening symptoms, and this year was no exception.

We have been working very hard to engage with staff to understand the issues which are making their working lives difficult and to try to remedy these issues.

We are implementing a rostering policy which is designed to ensure that all areas are adequately staffed at all times with the right number of staff who have the appropriate skills to look after the patients concerned. There is a balance to be found between safely staffing the wards and supporting staff to work flexibly to allow them to have holidays to fit in with other family members and to care for their children and elderly relatives.

Patient Safety has to be the top priority at all times but we also want our staff to be happy with the hours they work and to be complying with European Working Time Directives.

## What did we learn about the care we have provided to patients?



The Trust is involved in an initiative called Safety Express-this aims to reduce the harm caused to patients by pressure ulcers, falls, venous thromboembolism and catheter-associated urinary tract infections.

Much improvement work has been undertaken since the initiative started, to ensure that all relevant patients are risk assessed around the likelihood of falling and a care plan put in place for those identified as at risk.

The Exemplar Programme involves checking that all the right elements of care have been delivered for patients at risk of falls and we constantly monitor all wards on their compliance with a range of care indicators.

In addition, from April 2012 we will be introducing a monthly audit of all patients in the hospital on a particular day in the month, together with all patients on community nursing caseloads, to measure whether patients have received any of the 'four harms'-we will be submitting this data every month –we aim to be able to demonstrate that by the final quarter of 2012/13 we are delivering 95% harm-free care.