

## Q&As

### FINAL

## ***Open and Honest Care: Driving Improvement***

### **What is this transparency data and why is it only published in the North?**

Jane Cummings Chief Nursing Officer of England (then North of England Chief Nurse) discussed the potential of a Transparency Pilot with a group of hospital Directors of Nursing in September 2011. Through this collaborative work, nurses in the North West identified pressure ulcers and falls as areas where they could make an immediate, lasting impact.

Eight acute trusts in the NW piloted this work (known as the transparency pilot) in 2010/11 and published data on falls and pressure ulcers on their websites including commentary on improvements being made to care delivery.

The pilot has now moved onto its next phase and is called Open and Honest Care: Driving Improvement. From 26 November 2013 twenty Acute Trusts Boards in the North of England will publish their transparency data, with 10-15 publishing by the end of December 2013. The data will be refreshed on a monthly basis.

The information that trusts are sharing in their 'Open and Honest' reports include:

- NHS Safety Thermometer
- Information of healthcare associated infection, (MRSA and C Diff)
- Pressure ulcers
- Falls causing moderate or greater harm
- Information on staff experience
- Information on patient experience
- A patient story
- An improvement story describing what the trust has learnt and what improvements they are making.

Some Trusts may choose to add additional information

In addition staffing levels will be included in publications after January 2014 to reflect good practice in publication of required and actual ward staffing.

### **What is the novelty of this data?**

Pressure ulcers and falls are excellent indicators of quality of care. This transparency pilot measures the quality of nursing care delivered together with patient and staff experience in

the area where harm occurred. The incidence of harm will be published monthly together with the action taken to prevent a recurrence of harm.

**Many trusts have had improvement programmes for a considerable length of time. Is this really needed?**

Organisations throughout the country have always carried out fantastic work to improve the quality of the care they provide, often using established, successful tools like the Productive Series or nursing indicators.

This initiative offers nurses the opportunity to further improve the work they are doing, by tackling things in a slightly different way by involving the public in scrutiny of quality improvement programmes.

It is also recognised that there is no point measuring quality without a cultural shift in the organisation towards the development of quality enhancing behaviours. Each participating organisation is being offered the opportunity to implement a process of cultural assessment, identifying key behaviour changes required and supported by the use of Insights Discovery (Discovering Investing in Behaviours) approach to interactions with patients and their families.

**What will Trusts do with this data? How does the publication of this data improve quality?**

Trusts will use this data at ward, department and Board level to assist their understanding of harm reduction and quality improvement programmes in their organisation. Publication enables the Trust to share and engage in a different way with the public and facilitate discussions about where improvements are needed and the action being taken.

**Do nurses have the time to do this?**

*Open and Honest Care: Driving Improvement* uses data on quality of care, such as the Safety Thermometer and Friends and Family Test and enables the organisation to understand what measurement is telling them about clinical safety and patient experience.

**What does harm from patient fall mean?**

NICE defines a fall as 'An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness.' Any such event should be recorded as a fall. The harm from the fall could range from no harm up to occasions when a patient's death is a direct result of the fall.

- A low-harm fall is one resulting in harm that requires first aid, minor treatment, extra observation or medication;
- A moderate harmfall is one resulting in harm likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital.

- A severe harm fall is one where permanent harm, such as disability or brain damage, is likely to result from the fall. In older patients, a fractured hip will usually result in permanent disability.

### **What is the difference between the grades of pressure ulcers?**

A pressure ulcer is defined as an area of localised damage to the skin and underlying tissue caused by pressure, friction or a combination of both.

- A Grade 1 pressure ulcer is a discolouration or hardening of the skin, with the skin itself remaining fully intact.
- If skin has thinned and become damaged in the epidermis, dermis, or both but the ulcer is superficial and looks like an abrasion or blister, it is assessed at Grade 2
- Skin loss involving damage or dead cells tissue under the epidermis that may extend down to, but not through underlying skin tissue, is assessed as Grade 3
- A Grade 4 pressure ulcer is the most serious, with extensive destruction, tissue death, or damage to muscle, bone, or supporting structures with or without full thickness skin loss. It is extremely difficult to heal and can cause fatal infection.

### **Will Trusts face any sanctions if they have high levels of patient harm?**

*Open and Honest Care: Driving Improvement* is not about putting hospitals in league tables, pinning blame on nurses, or punishing anyone – it is about helping organisations and individuals deliver the very best care possible. All trusts, no matter what their levels of harm, or their patient outcomes, can learn things from one another. This programme encourages organisations to share what works – and what doesn't – to stop those harms from happening and improve patients' outcomes, giving them all the support networks they need to drive up quality.

### **There is much more potential harm to patients than just pressure ulcers and falls – what is being done to combat other types of harm?**

One of the best things about *Open and Honest Care: Driving Improvement* is its flexibility - the framework can be used to identify and resolve any type of barrier to nursing care, so once one problem is solved; nurses can revisit the framework to tackle others.

In the North of England although we have identified pressure ulcers and falls as areas where we can make an immediate and lasting impact on patient care, the transparency work is flexible and adaptable – as these elements improve, the focus of transparent information can easily shift to new priority areas.

### **Why is there so much variation between different Trusts' performances in pressure ulcers and falls?**

Each hospital faces different challenges, stemming from things like local health profiles and historic local models of healthcare. *Open and Honest Care: Driving Improvement* aims to

eliminate differences in care quality between hospitals by creating an alliance of nurses, clinical leaders and executive directors across organisational and geographical boundaries. Experience shows that this initiative can reduce the variation in practice that frustrates so many of us and get everyone to achieve the same very high standards of patient care, whatever the individual challenges facing hospitals and wards.

**Why do so many people continue to suffer pressure ulcers in hospital? Do these figures represent a failure in basic care?**

A single hospital-acquired pressure ulcer is one too many, and that is why we are demonstrating our commitment to stopping them. Avoiding pressure ulcers is not complicated, but it does require a constant nursing focus. *Open and Honest Care: Driving Improvement* is helping nurses ensure they can always provide that constant focus, and we hope our monthly publications, which will later be rolled out to other organisations nationally, will show a steady, sustainable decline in the incidence of pressure ulcers.

**Why do patients fall and injure themselves, when hospital is where they should be safest?**

To avoid patient falls, all healthcare professionals and support staff have a role to play, from the nurse who assesses and helps the patient manage continence problems, to the pharmacist who identifies medication that increases risk of falls, and the support staff who check patients have their possessions in reach. Together they should ensure patients are properly assessed for all the risk factors that might increase their risk of falling, including any problems with confusion, mobility, or vision, and underlying medical causes of falls and take every possible action to reduce each patient's individual risk factors. Longer life expectancy and an ageing population means a large and increasing proportion of hospital patients are older people, who often have multiple chronic conditions which increase their risk of falling. Falls prevention must not be at the cost of independence, rehabilitation, privacy and dignity; an older patient not allowed to walk alone soon becomes an older patient unable to walk alone.

*Open and Honest Care: Driving Improvement* and the publication of falls data, empowers nurses to rise to this challenge by working with the rest of the healthcare team to provide excellent, harm-free care to all hospital patients, whatever their age or underlying physical condition.

**Acute Trusts are only one part of the health system. Are there plans to introduce *Open and Honest Care: Driving Improvement* in any other areas?**

As the methodologies are tested and refined, the objective is to extend the work to include other care sectors, as detailed above. Discussions have started on suitable indicators for community, mental health and maternity. Consistency with use of FFT and safety thermometer is an imperative for this next stage to ensure consistency of approach. Community services already use the classic safety thermometer for pressure ulcers and falls and maternity safety thermometer is being tested in 30 organisations nationally. The FFT for maternity will be published in January 2014 and primary care and mental health will

start in April 2014. We envisage publication of community and maternity data in the final quarter of 2013/4 and mental health in the first quarter of 2014/15.

A national roll out of the programme is currently being planned.

**Is this driven by cost savings?**

Open and Honest Care: Driving Improvement is driven entirely by nurses' commitment to being the very best they can be. When nursing care is first-rate, patients recover more quickly, have better future health, and have a better experience in hospital.

We know that many nurses fear that a drive to reduce costs could result in poorer care. *Open and Honest Care: Driving Improvement* offers them the opportunity to make their wards more productive and efficient through driving up quality. Delivering high-quality, efficient care obviously benefits patients, but also reduces the extra costs associated with patient harms and poor outcomes.

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