

DUDLEY GROUP OF HOSPITALS: QUALITY ACCOUNT SUMMARY FOR 2010/11

The below report confirms what quality priorities the Dudley Group of Hospitals NHS Foundation Trust included in its annual quality account for 2010/11 and also how we have decided on the quality priorities for 2011/12 and the reasons why they have changed. The full quality report will be circulated to the committee in April, this will also include the statutory statements from the organisation on data quality and a quality overview to include year end figures for a selection of local and national quality indicators as set out in the NHS Compliance Framework.

Quality priorities for 2010/11 were:-

Priority one: Maintain the levels of cardiac arrests as per the December 2009 figure (17) by December 2010 and ensure that there is a 15 per cent improvement in the recording of patient observations from the December 2009 figure every quarter through to December 2010

Priority two: Reduce our MRSA rate in line with the national and local priorities. We will only be measured in 2010/11 on post-48 hour cases and our target is no more than two.

Priority three: Reduce our Clostridium difficile rate in line with the national and local priorities – this is no more than 161 for 2010/11.

Priority four: Increase the number of patients who rate their overall care highly from 88 per cent in the national inpatient survey to 91 per cent and show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative.

Priority five: Increase the number of hip fracture patients who undergo hip fracture surgery within 36 hours from admission to the Emergency Department (where clinically appropriate to do so).

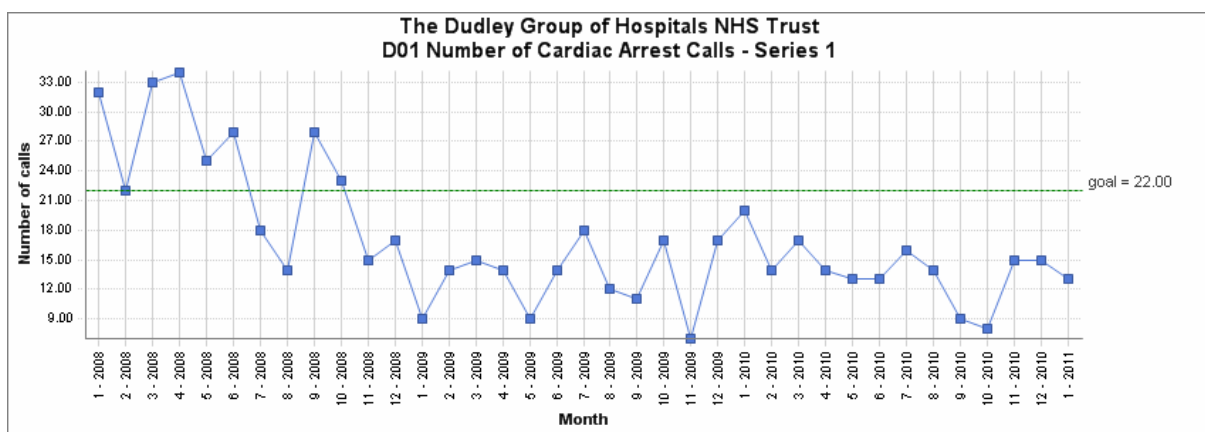
How we have prioritised our quality improvement initiatives and involved patients and the public in our decisions.

More than 40 staff, patients and governors attended the lively Listening into Action (LiA) event which asked key questions around quality. During the event on (insert date) feedback from patients, Governors and staff was priority one (cardiac arrests) was now more of a maintenance objective rather than a challenging quality improvement priority and it was therefore suggested we replace priority one from

2010/11 with a priority for pressure ulcer monitoring. Following the LiA event a campaign has been launched across the Trust 'We love your skin' to embed the priority for pressure ulcers across the organisation (find out more on page x).

The priority to reduce and then maintain the levels of cardiac arrest calls has improved dramatically from 32 in 2008 to around 13 per month in 2010/11. It is imperative that in the hospital setting a patient's condition does not deteriorate unnecessarily. For this to occur, there needs to be close systematic observation of patients and then appropriate escalation of a patient's predicament to the right skill of practitioner. Two years ago, the Trust set this issue as its priority and has concentrated considerable resource and time to ensure its systems of observation and escalation are robust to ensure patients do not deteriorate unnecessarily. Actions have included the redesign of observation charts used by nurses which include clear instructions on what and to whom to report when changes in observations occur, the strengthening of the outreach team of specialist nurses that can be called and the setting up of an emergency 24 hour team, which includes senior medical staff.

The above actions have contributed to the fall in cardiac arrests as the graph below indicates. The numbers have now levelled at an acceptable rate and so it has been decided that a different priority should now replace this one. However the multidisciplinary group of clinical staff that co-ordinated this initiative remains active and continues to meet and look at ways of sustaining and improving this aspect of care. The numbers of cardiac arrests are monitored monthly as are all the calls to the outreach and emergency teams to ensure that patients receive the appropriate level of care.



During the LiA event it was also suggested the two separate infection control priorities two and three from 2010/11 should be merged into one priority. We are committed to ensuring we keep up the fight on infections and this is demonstrated through the extra investment made to the Infection Control Team this year. This was in part due to the excellent progress we have made over the last few years for both MRSA and Clostridium difficile (C difficile) see graph X on page X. Also it was felt by

staff and patients the systems are sufficiently embedded across the organisation we could make those into one priority.

Priorities for 2011/12 will be:-

Priority one: reduce the number of avoidable stage three and four hospital acquired pressure ulcers by 10 per cent per quarter and 40 per cent annually against the number recorded at the end of March 2011.

Priority two: Reduce our MRSA and Clostridium difficile rates in line with the national and local priorities. MRSA target is no more than ?; C diff is no more than ? in 2011/12.

Priority three: Increase the number of patients who rate their overall care highly from 88 per cent in the national inpatient survey to 91 per cent and show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative.

Priority four: Increase the number of hip fracture patients who undergo hip fracture surgery within 36 hours from admission to the Emergency Department (where clinically appropriate to do so).