

An Online Clinical Quality Application: Testing the concept and acceptability for clinicians.

Project Background:

Improvement behaviours should be integral to the daily work of all in healthcare.

The clinical quality reporting structure for musculoskeletal (MSK) Physiotherapy was based on 6-monthly notes audits. Results were not synthesised or translated into improvements. The audit did not encompass the spectrum of clinical quality that the service aspires to align with.

Online clinical quality reporting has the potential to facilitate frequent reflection, evaluation and improvement.

Project Aims/Objectives:

Aims:

- Produce a user friendly clinical quality application (CQA) to support clinical reflection and quality reporting.
- Measure aspects of quality that matter to clinicians and patients.

Objectives:

- Develop measures that clinicians regard as representative of clinical quality.
- Test user experience of CQA in clinical settings.

Project Approach:

Engagement:

Engagement with MSK physiotherapists to gather views on existing audit and aspirational approaches to quality reflection, reporting and improvement.

Implementation:

CQA was used for reflection after direct clinical contacts in MSK Physiotherapy. Clinical quality ratings were entered as personal reflections and during mentored reviews.

Evaluation:

Qualitative feedback about user experience of CQA and its contribution to clinical quality and improvement.

Thematic analysis of responses.

Review of data and dashboards generated by CQA

Project Outcomes:

Clinician views on how to improve clinical quality evaluation were defined by 3 themes: A need to: **1. Simplify. 2. Incorporate into daily practice, personal reflection and mentoring 3. Inform learning and improvement through evaluation.**

The CQA was tested in 7 MSK Physiotherapy departments in ABUHB. It gathered data and generated personalised and service level aggregated quality dashboards.

Feedback was returned by 27 clinicians and 6 service managers and clinical leads.

Key Conclusions:

The CQA is valued by clinicians who have tested it. It supports clinical reflection and reporting as part of daily practice. It yields frequently updated quality information and can inform improvements for individuals and services.

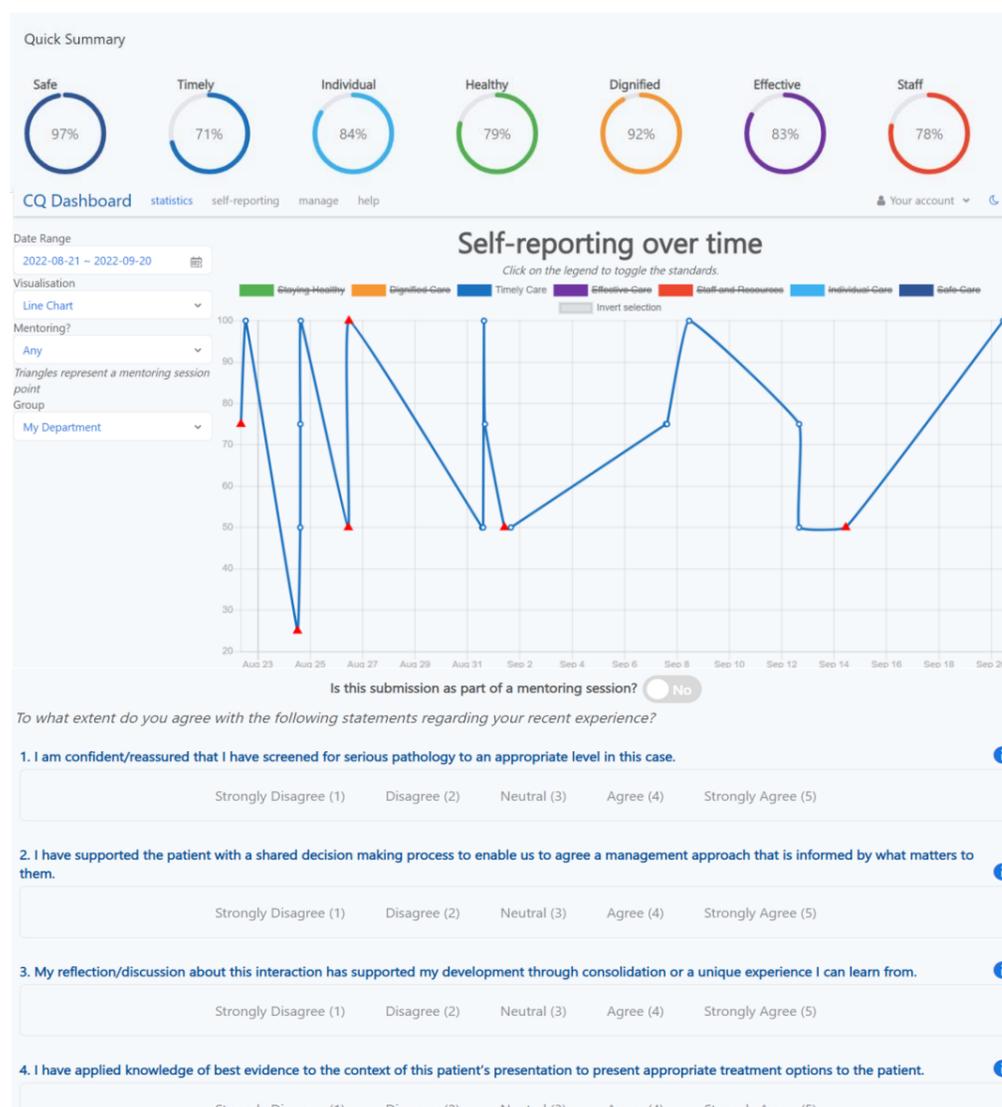
It has potential for adaptation to other clinical areas to enable granular and widescale quality information to be accessed by individual clinicians and service leaders.

Project Impact:

- 74% said a CQA entry took less than 4 minutes to complete.
- Ease of access was 'easy' or 'very easy' for 71% clinicians and 100% managers and clinical leads.
- Clinicians said that the CQA is quick and easy to use; feels meaningful and relevant; encourages reflection and organises data to inform development.

Next Steps:

- Use feedback to inform an improved version of the CQA.
- Engage with clinical quality and safety leads to consider use of CQA in other clinical settings.
- Identify software development support to build CQA that is adaptable for specialisms and can aggregate data at individual to service to health board to NHS levels of detail.
- Explore option to develop CQA as a supportive platform for measurement alongside the planned review of the Wales Health and Care Standards.



It makes you think and reflect

Intuitive scoring system

Data can go somewhere and influence things

More representative of clinical quality than notes audit

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