Summary of findings from Phase 1 of the QualDash research project

Project Background: In the UK, the Healthcare Quality Improvement Partnership (HQIP) centrally develops and manages a programme of over 60 National Clinical Audit (NCA) projects each year through the National Clinical Audit and Patient Outcomes Programme (NCAPOP). In addition, there are over 50 independent NCAs. NCAs aim not just to measure, systematically, the quality of care delivered by clinical teams and provider organisations but also to use those data to stimulate quality improvement (QI). While there is evidence of positive impacts of NCAs, overall, data are substantially underutilised and the potential to inform QI is not being realised.

Aims: To help address these issues, the QualDash research project aims to develop and then evaluate an interactive, web-based quality dashboard called QualDash for exploring national clinical audit (NCA) data. QualDash will be designed to help users at different levels of the NHS to better understand and make use of NCA data to improve quality of care and clinical outcomes. Although we hope that it will be available, eventually, to all NHS Trusts for use with any NCA, during the project we are working with 5 Trusts and focusing on the Myocardial Infarction National Audit Project (MINAP) and the Paediatric Intensive Care Audit Network (PICANet).

Summary of main findings from Phase 1 of the study: In the first phase of the research we interviewed 54 people from 5 Trusts and 3 Clinical Commissioning Groups (CCGs), to find out how they use audit information and what challenges they encounter in so doing, and to discuss how these challenges might be overcome. We summarise what we learned briefly below.

Some clinical teams use PICANet or MINAP data routinely in their care quality monitoring and improvement processes, and others don’t. Where teams don’t use the data routinely, they tend to engage with NCAs, if at all, only through their annual reports.

Various factors support routine use of NCA data in clinical teams. These centre on having sufficient resources (such as staff and IT systems) and processes in place to ensure that data are collected and validated in a robust and timely manner, and can be accessed and interrogated easily (e.g. through a local spreadsheet or database).

For example, in one Trust a PICANet clinical lead and a full-time member of support staff work together to ensure that PICANet data are entered into a local Access database within a day, and that data are checked for accuracy and completeness before submission to the supplier. The effectiveness of these validation processes means that staff regard the data as a ‘gold standard’, and they are used to monitor care quality in monthly clinical governance meetings in the unit, where quality markers such as numbers of re-admissions within 48 hours of discharge, deaths and accidental extubations are reviewed, using graphs generated from the Access database. The data also inform QI. For example, the clinical team used them to help them work out why the mortality rate for girls from a particular ethnic background was higher than expected, and they inform internal audits, including those undertaken by junior doctors as part of their training.

Teams’ use of annual NCA reports in quality monitoring and improvement is limited by the retrospective nature of the data those reports contain, which are often a year out-of-date and sometimes more, depending on the audit. A consultant cardiologist in one Trust told us:

‘You can’t promote change on data that’s two years old because we’ve changed things since then. So, that’s always going to be a losing battle if you’re trying to use an argument to promote change if the data is old’.
This causes particular problems when staff seek to use NCA data as evidence to inform business cases for additional resources.

At divisional and corporate Trust levels, staff tend to focus on assurance rather than on detailed interrogation of data. As a result, there tends to be less intensive use of NCA data at these levels, except where a unit appears as an outlier in a NCA report. In such cases, detailed reviews are instigated, which a tool like QualDash might inform.

Staff from three Clinical Commissioning Groups told us about their use of NCA data. Assuring the quality of the services they commission and encouraging their improvement is an important part of CCGs’ remit and for this reason they monitor the quality and safety of provision regularly. NCA data do not appear to feature strongly in this work.

User requirements for QualDash: Users described a variety of features they would want from a quality dashboard:

- They want a user-friendly tool that can help them identify problems and carry out root cause analyses, using clear visualisations that make it easy to notice outliers and other issues of concern.
- Users need timely access to their own data; ideally data should be real-time or no more than 3 months old to inform routine care quality monitoring.
- Users also want to review data from comparator wards and units in other Trusts to inform quality improvement. Comparator data may be especially helpful for PICANet users who cannot refer to outcome standards to assess the quality of the care they provide, in contrast to MINAP users whose practice is guided by standards, such as waiting times for angiography.
- User time could be saved if QualDash automates the process of producing reports on NCA outcomes, which are considered at some committees and team meetings. QualDash could also support users in exploring NCA data during meetings if it is made available via laptops, handheld devices, or on large screens in meeting rooms, thereby enhancing groups’ ability to engage flexibly and in depth with NCA data.

What happens next: We held a workshop in London with over 20 different NCA suppliers where we asked them to prioritise the user requirements that were elicited from the Phase 1 interviews. Using this information, we are now designing QualDash. This work is being supported by a series of co-design workshops with staff from one Trust.

We aim to launch QualDash in your Trust and the four other participating Trusts in 2019 and researchers will then spend some time in your Trust observing how it’s being used.

Before the dashboard can be introduced, we need to determine what support the project team need to provide to ensure successful use of QualDash in your Trust. To this end, we plan to hold a workshop with each Trust (on Trust premises) to work out an adoption strategy. We hope you can take part. An information sheet about this phase of the project is attached and we will be back in touch later in the year to find out if you can attend.

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