

# Analysis of the Effect of Excellence Reporting in Chelsea and Westminster and West Middlesex Hospitals

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## Introduction

### What is Excellence Reporting?

- Excellence reporting aims to promote a positive approach to learning
- It allows recognition of staff members who have exhibited excellence
- It provides learning opportunities which would otherwise be missed by incidence reporting alone

### Where did it originate from?

- First introduced at Birmingham Children's Hospital in 2014<sup>[1]</sup> and has become increasingly popular since

### Why has Excellence Reporting been introduced?

- Learning from adverse events only has limited benefits; it can even lead to 'second-victim syndrome' and other mental health problems<sup>[2]</sup>
- Excellence reporting has been proven to improve resilience and performance in other industries<sup>[1]</sup>

Past studies have shown Excellence Reporting improves both morale and quality of care<sup>[1]</sup>.

This study focuses on Excellence Reporting at Chelsea and Westminster and West Middlesex Hospitals, 18 months after its introduction.

## Aims

- To determine the perceived effect of Excellence Reporting on quality of care, professionalism and morale
- To investigate key themes from Excellence Reports and assess inter-professional and inter-level differences
- To identify limitations of Excellence Reporting and potential improvements

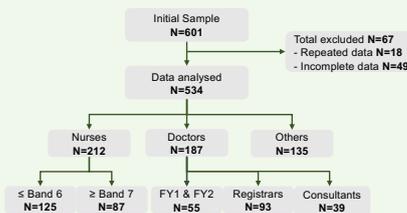
## Methodology

### Phase 1:

- A survey using Likert scale questions was created to investigate the effect of Excellence Reporting on patient care, morale and professionalism
- Free text responses were used to identify limitations and improvements
- Profession and level of seniority were recorded
- Totally, **78 responses** were collected voluntarily from staff at the Hospitals via email link, QR posters and in person using iPads
- The survey was only distributed to departments wherein Excellence Reporting had been implemented
- From 78 responses, 22 were unaware of Excellence Reporting so their data was excluded
- The remaining **56 responses** were analysed to identify the effects of Excellence Reporting
- Free-text submissions were coded to identify common themes

### Phase 2:

- All Excellence Reporting submissions from Chelsea and Westminster and West Middlesex Hospitals over the last 18 months were collated
- Braun and Clark's 6 phase framework was applied to the free-text reports to identify key themes in the reports
- Latent semantic analysis was used to extract key themes related to Excellence Reporting
- Differences in key themes that staff were reported for) were compared between doctors and nurses, different grades of doctors and different grades of nurses



## Discussion

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- Overall our findings are similar to those found in previous literature<sup>[3]</sup>
- As expected, morale has increased but so has professionalism, a finding that has not been reported in previous studies<sup>[4]</sup>
- The improvement Excellence Reporting had on patient care was not as high as other studies had found
- Results for doctors and nurses were very similar despite the fact that they are different professions
- The inter-level differences for doctors and nurses was greater than expected

### Limitations

- Latent data may have lead to interpretation bias
- Incomplete data limited the amount available to analyse
- Selection bias for iPad responses to questionnaire
- Leading questions in questionnaire

### Improvements

- Increase accessibility and awareness of Excellence Reporting
- Highlight the ability of using a report as evidence for personal appraisal to encourage more submissions
- Allow staff to select a key theme when reporting to allow easier interpretation and quicker turnaround

### Future research

- Identify common themes in cross-department reports
- Investigate reports for professions other than doctor and nurse

## Conclusion

- Overall Excellence Reporting improved staff morale, professionalism and patient care.
- The themes that staff were reported for have been found in other studies<sup>[4]</sup>, suggesting that these are the key areas where excellence is exhibited.

## References

- [1] Kelly N. Learning from excellence in healthcare: a new approach to incident reporting. *Archives of Disease in Childhood* 2016;101:788-791. Available from: DOI: <http://dx.doi.org/10.1136/archdischild-2015-310021>
- [2] Ellis S. Systematic reflection: implications for learning from failures and successes. *Current Directions in Psychological Science*. 2014; 23(1): 67-72. Available from: DOI: <http://dx.doi.org/10.1177/0963721413504106>
- [3] Leahy J. Doctors as Leaders. *thebmj*. 2006; 333:s237. Available from: DOI: <https://doi.org/10.1136/bmj.333.7582.s237-b>
- [4] Sinton D. Excellence Reporting (Greatix): Creating a different paradigm in improving safety and quality. *Emergency Medicine Journal*. 2016; 33 (12): 901-902. Available from: DOI: 10.1136/emered-2016-206402.6

## Results

### Staff opinion on the impact of Excellence Reporting

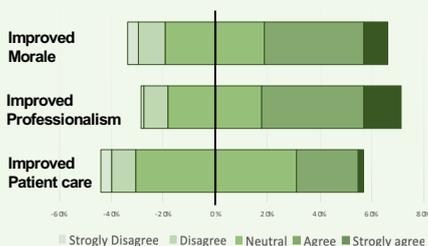


Figure 3. Diverging bar chart showing staff opinions on the impact of Excellence Reporting.

### Key Themes



Figure 4. Infographic showing the key themes identified from Excellence Reports

### Negative aspects of Excellence reporting



Figure 8. Diagram showing the negative aspects of Excellence Reporting reported by staff

### Themes individuated for doctors and nurses

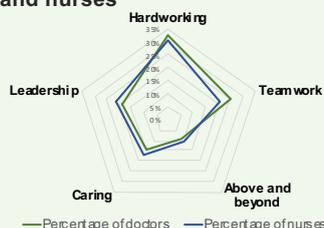


Figure 5. Radar chart comparing incidence of themes in Excellence Reports for doctors and nurses

Doctors and nurses showed a similar distribution in their themes. The biggest difference was in 'Teamwork' and in 'Leadership'.

### Themes individuated for different levels of doctors



Figure 6. Radar chart comparing incidence of themes in Excellence Reports between different levels of doctors

Registrars and Consultants showed a similar distribution in themes whilst Foundation Doctors had very different trends.

### Themes individuated for different levels of nurses

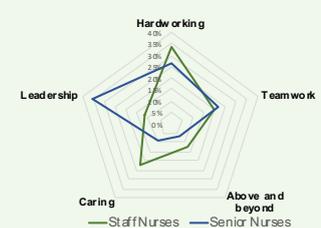


Figure 7. Radar chart comparing incidence of themes in Excellence Reports between different levels of nurses

Senior nurses were primarily reported for 'leadership' whilst staff nurses were mainly reported for 'hardworking' and 'caring'