

Instructions to respondents

This questionnaire is concerned with your experience of the data that is fed back to you on the quality of care delivered by **anaesthetic services at St Mary's Hospital** and how that information is used. Where we refer to "feedback" we mean quantitative data from measures and indicators, rather than anecdotal reports or conversations. We ask that you give your name to enable follow-up measurement. Responses will be analysed and reported anonymously.

A) PERSONAL DETAILS

Name		Grade	Trainee		Year of qualification
Hospital & Dept	SMH Anaesthesia		Consultant		
Specialty					Country of qualification

B) FOCUS OF CURRENT QUALITY FEEDBACK

Dimensions of quality			
Do you receive regular quantitative feedback on each of the following dimensions of quality? Regular feedback = at least monthly. Please circle Yes or No.			
Yes	No	Clinical effectiveness of care (e.g. clinical outcomes, pain control, etc.)	B01
Yes	No	Compliance with best practice guidelines (e.g. hand hygiene, perioperative temperature control, etc.)	B02
Yes	No	Productivity and efficiency (e.g. waste, patient flow, throughput, delays)	B03
Yes	No	Financial performance (e.g. cost efficiency of care delivered)	B04
Yes	No	Patient safety (e.g. freedom from adverse events/critical incidents and hospital acquired infection)	B05
Yes	No	Patient experience (e.g. patient satisfaction, waiting times, clarity of info, quality of interaction, respect & dignity)	B06

Level of feedback			
Considering clinical effectiveness, patient safety and patient experience as a whole, please circle True or False for each of the following:			
True	False	I receive monthly or more regular feedback concerning the care delivered by the Trust or Hospital	B07
True	False	I receive monthly or more regular feedback concerning the care delivered by my department	B08
True	False	I receive monthly or more regular feedback concerning the care I delivered personally	B09

C) EFFECTIVENESS OF CURRENT QUALITY FEEDBACK

Please consider the adequacy of feedback you receive from quality indicators against each of the following dimensions and circle the appropriate number on the scale provided:

Your perceptions of current quality of care indicators in your area:		Completely inadequate							Excellent
C01	Comprehensiveness: The degree to which the data you receive is comprehensive and covers all important dimensions of care quality.	1	2	3	4	5	6	7	8
C02	Relevance: The degree to which care quality indicators are unambiguous and specific to our service area and the care we routinely deliver to patients.	1	2	3	4	5	6	7	8

C03	Reliability: The degree to which indicators are objective and reliable indicators of current standards of care, promoting confidence in the accuracy of the data over time.	1 2 3 4 5 6 7 8
C04	Improvability: The degree to which indicators measure aspects of care that you and your unit can have a direct impact upon through changing behaviour, the care process or local systems.	1 2 3 4 5 6 7 8

Your perceptions of the current feedback you receive:		Completely inadequate							Excellent
C05	Level of analysis: The degree to which the data you receive is broken down to a level that is directly relevant to you (e.g. for your team, your ward, your operating theatre, your patients).	1	2	3	4	5	6	7	8
C06	Timeliness: The degree to which the frequency of feedback you receive helps you to monitor how care quality varies over time.	1	2	3	4	5	6	7	8
C07	Means of communication: The degree to which the channel and method for dissemination (e.g. meetings, email, reports, posters) are useful and engaging.	1	2	3	4	5	6	7	8
C08	Data presentation: The degree to which the format in which data is presented (e.g. tables, graphs, scorecards) is clear and easy to use, with the right amount of data presented.	1	2	3	4	5	6	7	8
C09	Data credibility: The degree to which the data is viewed as credible and from a trustworthy, unbiased source.	1	2	3	4	5	6	7	8
Your perceptions of how quality of care data is used for improvement:		Completely inadequate							Excellent
C10	Identifying problem areas and good practice: The degree to which data feedback helps us to rapidly detect problems and identify instances of excellent care.	1	2	3	4	5	6	7	8
C11	Benchmarking: The degree to which the data feedback allows us to compare ourselves against similar units and/or national guidelines in a meaningful way.	1	2	3	4	5	6	7	8
C12	Prioritising action: The degree to which data feedback supports prioritising where we put our efforts to improve care and which specific processes to focus upon.	1	2	3	4	5	6	7	8
C13	Setting measurable objectives: The degree to which data feedback supports setting quantifiable targets for improvement.	1	2	3	4	5	6	7	8
C14	Monitoring progress: The degree to which data feedback supports evaluation of our progress towards targets over time and whether any gains are sustained.	1	2	3	4	5	6	7	8
C15	Overall usefulness for improvement: The degree to which current data feedback is useful in monitoring variations and improving care.	1	2	3	4	5	6	7	8

D) THE ENVIRONMENT IN WHICH YOU WORK

Please consider the extent to which you would agree with the following statements and circle the appropriate number on the scale provided.

		Strongly Disagree							Strongly Agree
D01	In this department we are proactive in striving to continuously improve standards of care	1	2	3	4	5	6	7	8
D02	In this department we routinely review data on quality of care outcomes	1	2	3	4	5	6	7	8
D03	In this department it is clear as to what are acceptable standards of care	1	2	3	4	5	6	7	8
D04	In this department we monitor compliance with best practice guidelines for clinical care	1	2	3	4	5	6	7	8

D05	In this department we respond to variation constructively, to improve care, rather than blaming and punishing individuals	1	2	3	4	5	6	7	8
D06	In this department we openly discuss minor failures in care to learn lessons	1	2	3	4	5	6	7	8
D07	In this department we review critical incidents and serious failures to improve systems	1	2	3	4	5	6	7	8
D08	In this department we can demonstrate to senior levels of the organisation the quality of care we are delivering	1	2	3	4	5	6	7	8
D09	In this department we are supported by the organisation in our efforts to collect and use data	1	2	3	4	5	6	7	8
D10	I have adequate knowledge and training on the statistics required to interpret quality of care data	1	2	3	4	5	6	7	8
D11	I have adequate knowledge and training in quality improvement methods	1	2	3	4	5	6	7	8
D12	In this department variations in the quality of care delivered to patients often go undetected	1	2	3	4	5	6	7	8
D13	In this department it is clear who is responsible for taking action to make changes and improve care processes	1	2	3	4	5	6	7	8
D14	In this department we use personal data on the quality of care that individuals deliver in a constructive way	1	2	3	4	5	6	7	8
D15	I am comfortable for the quality of care received by my patients to be monitored and fed back to me	1	2	3	4	5	6	7	8
D16	In this department we are effective in taking action based upon audit and data feedback	1	2	3	4	5	6	7	8