# An evaluation of the Clera pilot in North Bristol NHS Trust

## Context

Hospital ward staff spend 14% of their time providing updates about care to families and next of kin. Despite their efforts, only 8% of families report that they are “very happy” with the level of updates they receive from hospital.

Clera is a web application that allows clinicians to message patients and their families. The application helps to involve patients in their care, and aims to improve their medical information recall. Families can also be updated in a more equitable way. Clera also has the potential to release staff time from updating patients and families.

This evaluation was funded by Health Innovation West of England. The current report provides the findings and key recommendations from the evaluation conducted by Unity Insights into the impact of Clera on patients, their families, and healthcare professionals within the infectious disease unit (ward 27B) at North Bristol NHS Trust (NBT) across a two-week pilot.

## Method

### Quantitative data

App data on the number of updates sent to patients and relatives during Clera implementation was analysed. The number of documented updates for each patient was extracted from patient records before Clera implementation. Clera was utilised to log daily contact counts after its implementation. Data was analysed through frequency distributions, averages, and statistical analysis where applicable.

### Qualitative data

Patients and relatives completed a survey to understand their perceptions on clinical communication before (patients: N = 27; families: N = 25) and during (patients: N = 12; families: N = 27) Clera implementation. A patient recall survey was also completed by asking patients in ward 27B whether they were able to remember the care plan they were provided before (N = 30) and during Clera implementation (N = 8). An implementation staff satisfaction survey was completed by staff members in ward 27B (N = 12) to understand staff perceptions of using Clera. Junior and senior doctors were invited to take part in staff interviews, resulting in seven interviews being conducted during Clera implementation. Data was analysed through frequency distributions, statistical analysis, thematic analysis, and sentiment analysis where applicable.

## What is the impact of Clera on patients and families?

**2.36 updates** per patient or relative during the implementation period were provided, rising from 0.45

**70%** of families felt well informed about patient care during the pilot, rising from 40% (statistical difference observed)

> **"For someone like me who finds it difficult to contact and works full time it was gamechanging [sic] and put my mind at rest."**

Patients and families reported improved understanding of care plans, with positive responses increasing for themes such as understanding care plans, ease of obtaining information, and being able to ask questions.

Clera contributed to reducing disparities in access to care updates when examining age, IMD, distance from the hospital, disability, and employment status of family members

Clera's implementation significantly improved communication between staff, patients, and families, addressing previous gaps in communication and enhancing the overall experience for families. The app demonstrated its potential to make care updates more accessible and inclusive across varied groups. Effective, regular communication between healthcare staff and patients is associated with improved satisfaction, understanding of conditions, treatment adherence, and clinical outcomes among patients and families.

## What is the impact of Clera on staff members?

**58%**

of staff felt sufficient training was provided for Clera's use, though inconsistencies in training access were noted

**91%**

of staff spent time providing updates to patients and relatives during Clera implementation, compared to 27% before implementation

**86%**

of staff reported ease in integrating Clera into their existing work, aided by its intuitiveness and efficiency

**92%**

of staff valued Clera's impact on their work and saw its potential for future use, citing increased communication and efficiency savings

Clera improved communication and efficiency for staff, enabling them to provide more updates to patients and relatives and integrate the system into their routines. Despite some training inconsistencies and lower management support perceptions, staff largely appreciated Clera impact on their work. For healthcare professionals, communication tools such as Clera can contribute to reduced cognitive load, fewer communication-related errors, and increased job satisfaction.

## Limitations

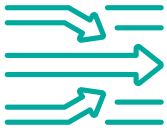
The evaluation posed the following limitations:

- Only patients who had used Clera in the implementation period were included within implementation period analysis, as not all patients in the ward had used Clera (reasons for this included patient choice or patients not being well enough). Data surrounding the number of patient subjects that had updates sent was always greater than one for each patient in the implementation period due to this.
- There was a smaller sample size within the patient implementation survey data and patient recall survey data, meaning that findings may not be representative of the wider patient population. In the implementation period, a large proportion of the patients had been discharged, therefore they were called at home, making recall not possible to measure.
- Different patients were included in the pre-implementation and implementation periods, representing different views and experiences with care and communication. This can impact the findings obtained.
- Staff were spending little to no time updating patients in the baseline period. This means that the impact on whether Clera yields efficiency savings could not be examined as staff were not providing updates initially (in most responses). Despite this, the time taken to send an update decreased from 10 minutes (self-reported at baseline) to 5 minutes, showing an increased efficiency of the task itself.

## Recommendations

The following recommendations are suggested:

Ensure all staff receive comprehensive Clera training, supported by digital resources and refresher sessions, to promote consistent usage



Streamline patient consent and detail confirmation processes to minimise administrative burdens for staff

Enhance Clera's messaging system with message filtering options and integration with existing hospital systems

Improve family communication by offering tailored updates, regular notifications even when no changes occur, and the option for follow-up calls when needed

Grant funding should be sought to improve usability and integration as suggested above, alongside evaluating a longer period of implementation (with a larger patient group).

## Conclusion

In the small-scale pilot at NBT, Clera improved communication between healthcare staff, patients, and families, fostering greater transparency and trust. Staff embraced Clera as an effective tool for delivering updates efficiently, while families appreciated its role in enhancing their understanding and involvement in patient care. Although minor usability challenges existed, these were outweighed by the platform's overall impact on efficiency and satisfaction. Further implementation and evaluation is required as the Clera features are extended, informed by recommendations from the current evaluation. Addressing these challenges and incorporating recommended enhancements will help to ensure Clera's long-term viability and adaptability, solidifying its position as a valuable asset in diverse healthcare settings.