

Clinical Audit Case Example: An organisation wide approach to QI at PDSA.

Section A: The eight stages of a clinical audit

Clinical audit is a process for monitoring standards of clinical care to see if it is being carried out in the best way possible, known as best practice.

Clinical audit can be described as a systematic cycle. It involves measuring care against specific criteria, taking action to improve it, if necessary, and monitoring the process to sustain improvement. As the process continues, an even higher level of quality is achieved.

What the clinical audit process is used for

A clinical audit is a measurement process, a starting point for implementing change. It is not a one-off task, but one that is repeated regularly to ensure on-going engagement and a high-standard of care.

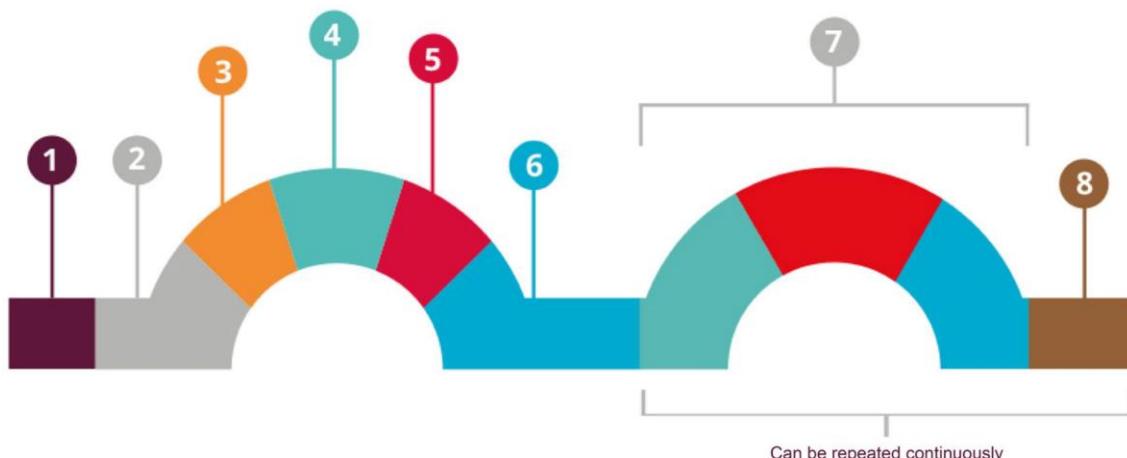
It is used:

- ⇒ To check that clinical care meets defined quality standards.
- ⇒ To monitor the changes made to ensure that they are bringing about improvements and to address any shortfalls.

A clinical audit ensures concordance with specific clinical standards and best practice, driving improvements in clinical care. It is the core activity in the implementation of quality improvement.

A clinical audit may be needed because other processes point to areas of concern that require more detailed investigation.

A clinical audit facilitates a detailed collection of data for a robust and repeatable recollection of data at a later stage. This is indicated on the diagram, where in the 2nd process we can see steps 4, 5 and 6 repeated. The next page will take you through the steps the practice took to put this into practise.



1. Choose a topic relevant to your practice

The topic should be amenable to measurement, commonly encountered and with room for improvement.

A pain protocol was introduced to standardise the approach to analgesia. This included the recommendation of the surgical procedures, classified by the World Small Animal Veterinary Association (WSAVA), are required to have a full agonist opioid analgesia in their pre-medication.

2. Selection of criteria

Criteria should be easily understood and measured. Compliance to the protocol in pet hospitals would be measured by seeing how many bitch spays had received a full agonist opioid.

3. Set a target

Targets should be set using available evidence and agreeing best practice. The first audit will often be an information gathering exercise, however targets should be discussed and set. This audit was performed to obtain information on the current implementation of the new protocol across a national level.

4. Collect data

Identify who needs to collect what data, in what form and how. Retrospective data was collected from each Pet Hospital.

5. Analyse

Was the standard met? Compare the data with the agreed target and/or benchmarked data if it is available. Note any reasons why targets were not met. These may be varying reasons and can take discussion from the entire team to identify. Before the introduction of the protocol, 49% of bitch spays were receiving a full agonist opioid.

6. Implement change

What change or intervention will assist in the target being met? Develop an action plan: what has to be done, how and when? Set a time to re-audit. The protocol was introduced to Pet Hospitals in the 4th quarter of 2018.

7. Re-audit

Repeat steps 4 and 5 to see if changes in step 6 made a difference. If no beneficial change has been observed then implement a new change and repeat the cycle. This cycle can be repeated continuously if needed. Even if the target is not met, the result can be compared with the previous results to see if there is an improvement. Repeat audits at the time of implementation and in the 2nd quarter of 2019 were completed.

8. Review and reflect

Share your findings and compare your data with other relevant results. This can help to improve compliance. The number of bitch spays receiving a full agonist opioid increased to 85%.

Clinical Audit Case Example: PDSA National Pain Protocol

Section B: PDSA National Pain Protocol



Name of initiative: Process audit on compliance with national pain protocol

Initiative start date: January 2019

Submitted by: Steve Howard BVMS MRCVS DMS, Head of Clinical Services

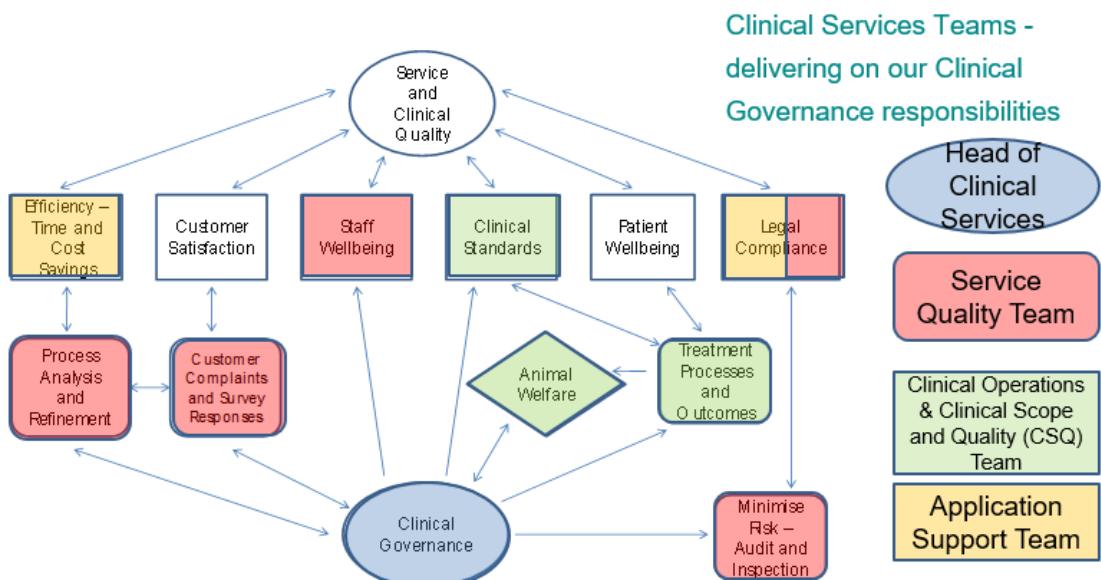
Introduction

PDSA was established in 1917 to help ensure no pet suffered needlessly. Since that time, PDSA has grown into the UK's leading veterinary charity, helping pets and their owners in need every day. Our vet teams provide vital, life-saving care to 470,000 pets every year through 48 Pet Hospitals across the UK. As PDSA has grown, the risks associated with delivering a veterinary service on such a scale have also grown. There has also been an increasing duty to all of its stakeholders (clients, patients, employees, volunteers, supporters, donors, Trustees and the charity commission) to demonstrate that charitable funds are used as effectively as possible. Therefore the PDSA veterinary service must be:

- Defined in scope, breadth and depth
- Delivering an appropriate standard of clinical and customer service
- Operating within regulatory and legislative requirements
- Operating as effectively as possible
- Delivering the pet welfare outcomes and client care required
- Identifying and mitigating risks associated with delivering a veterinary service

In order to demonstrate this, PDSA has established and operated within a clinical governance/quality improvement (QI) framework.

PDSA has appointed Head of Clinical Services (HoCS) who leads continued development of those frameworks and has established teams specifically structured to address relevant areas, as illustrated below:



The establishment, management and activities of these teams, all focused on service quality improvement and risk identification and mitigation, represents a significant investment by PDSA in QI frameworks and initiatives. This level of commitment is possible through having buy-in to the concepts at the highest levels and has made it possible to undertake considerable levels of activity in this area over a number of years. HoCS is required to provide a report to PDSA Trustees annually, documenting clinical governance activities and identifying risks or governance gaps for future attention.

Aims

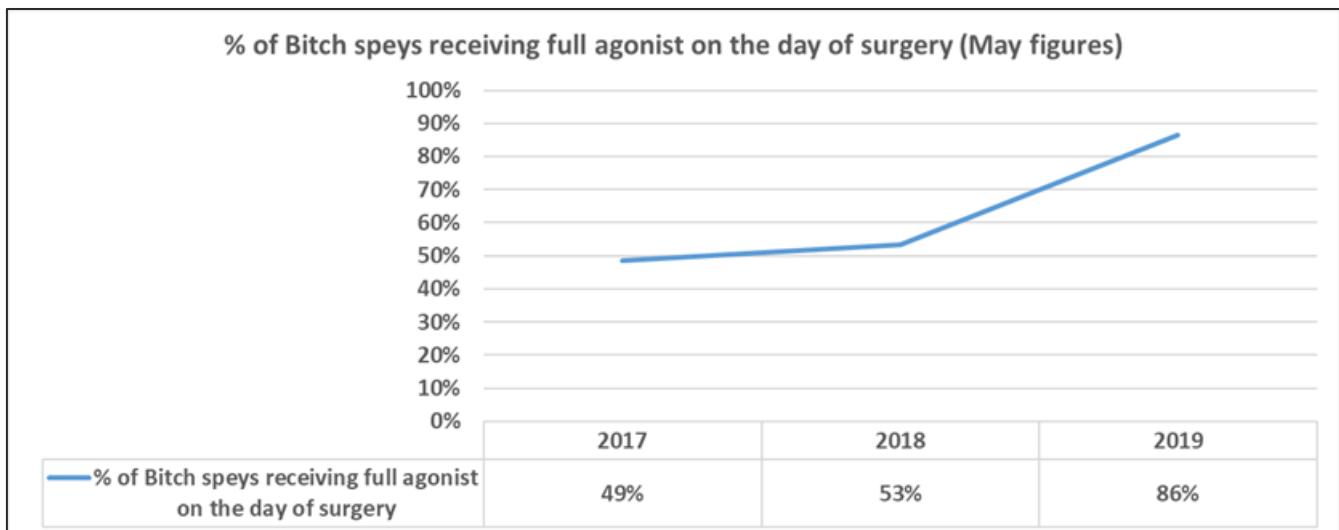
PDSA introduced its first national protocol in 2010, to date 14 national protocols have been created covering a range of conditions or procedures. Staff survey had found varying satisfaction levels with the provision, or effectiveness, of analgesia for surgical patients across the Pet Hospitals, so a decision was made to introduce a national protocol which would harmonise the approach and provision of peri-operative analgesia.

Actions

The pain management protocol was designed to define and standardise the approach to analgesia provision for surgical cases and states that all surgical procedures, classified by the World Small Animal Veterinary Association, as resulting in severe pain will be provided with full agonist opiate analgesia. The introduction of the protocol took place during the 4th quarter 2018, and the Pet Hospitals were given a defined period in which to introduce and implement the protocol.

Results

A check on the level of compliance was carried out which revealed that the protocol had been successfully introduced in all sites, bar one. The provision of the full opiate agonist to the indicator procedure (bitch spay) had increased from a level of approximately 50% in previous years up to 85% at the time of the analysis as shown in the chart below:



This analysis was then broken down to site level and cascaded to Pet Hospitals so that each Pet Hospital could carry out their own audit on compliance within their teams and take appropriate action to ensure compliance.

Impact of intervention

The introduction of the protocol, and subsequent 70% demonstrated increase in utilisation of full agonist analgesia, has resulted in the reassurance that a higher proportion of PDSA patients undergoing painful procedures are receiving more powerful analgesia.

The introduction of this protocol has improving pet wellbeing and provided reassurance to staff that their feedback has driven change.

PDSA is currently in the process of performing a National Pain audit, which involves pain scoring bitch spays 2 hours post recovery in order to ascertain the effectiveness of the analgesia provided to patients; whilst not directly measuring the success of the protocol (multiple other factors could affect results e.g. dose and timing of analgesia, patient factors, surgical factors) it may result in the need to revisit and refine the protocol.



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