

Clinical Audit Case Example: Controlled drugs process audit by Angela Rayner

Section A: The eight stages of a clinical audit using controlled drugs as an example

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

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

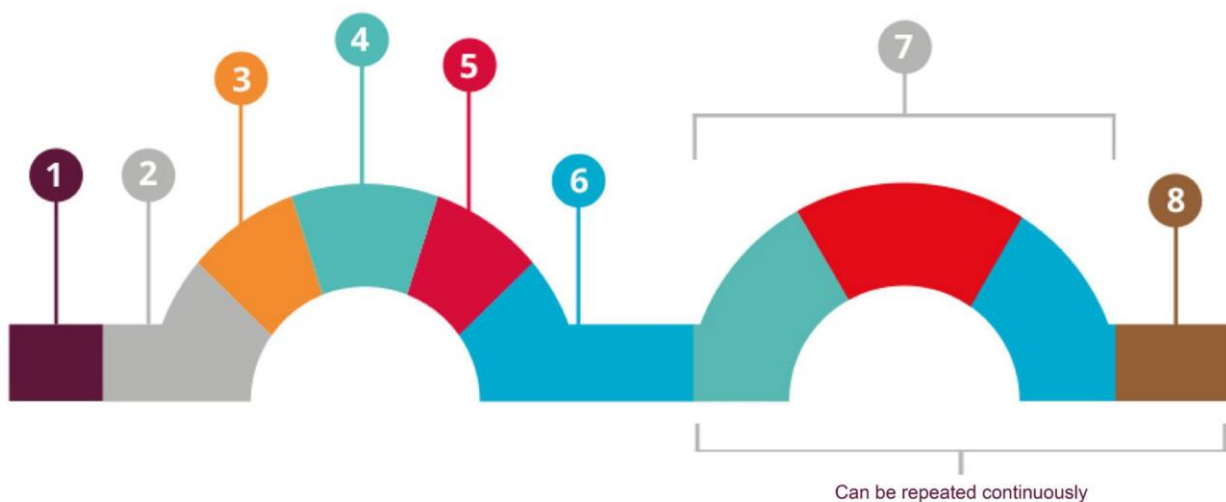
It is used:

- ⇒ 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. In this case, the CVS group chose to audit the recording and use of Schedule 2 controlled drugs, specifically methadone and ketamine. The information from the audit would be used for monitoring purposes.

2. Selection of criteria

Criteria should be easily understood and measured. To gather information for this audit, quantitative data would be collected from stock levels, levels as recorded in the register and levels recorded on practice management systems (PMS).

3. Set a target

Targets should be set using available evidence and agreeing best practice. In this case the first audit will be an information gathering exercise, however targets should be discussed and set based on evidence and legislation.

4. Collect data

Identify who needs to collect what data, in what form and how. Data was collected from the PMS and the controlled drugs (CD) registers. This data included the amount of drugs remaining in stock (as calculated by CVS and the individual practices), the amount of drugs recorded in the CD Register and the amount of drugs recorded as being dispensed to patients.

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. Individual practices were contacted to discuss the collected data. This ensured that each practice understood their role in the recording and legislation of controlled drugs, and enabled any queries to be identified and rectified promptly. Final data was then compared to monitor for any discrepancies.

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. A person in every practice was appointed as Head of Dispensary. The person chosen was responsible and passionate about the topic and was given the duties of auditing the controlled drugs and completing weekly reconciliations. Individual practices recruited the person they found most suitable. SOPs were created or updated and were provided to team members alongside training. The audit identified that 160 CD cabinets required replacing to conform to legislation. In-house publications assisted with the implementation of new protocols to a variety of team members.

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. This process audit is repeated annually.

8. Review and reflect

Share your findings and compare your data with other relevant results. This can help to improve compliance. The results of each audit is shared with team members across CVS through roadshows and publications, both internal and external.

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Section B: Clinical audit in practice, using controlled drugs as an example

Name of initiative:	Controlled Drugs Audit within a Corporate Group
Initiative start date:	2016
Initiative end date:	Ongoing, Annual Audit
Submitted by:	Angela Rayner, BVM&S MRCVS
Practice/organisation:	CVS PLC



Introduction

CVS is a corporate group of approximately 200 practices over 500 sites. The practices run as semi-autonomous entities with head office providing numerous support functions such as HR and purchasing. The types of practice vary from small animal general practice and hospitals/referrals to mixed and equine practices.

Aims

The Group had concerns about the way practices were undertaking their legal duties of correctly recording their use of Schedule 2 controlled drugs (methadone and ketamine). As these drugs are at risk of being abused by staff, there was a serious concern that if audits were not being carried out that a situation of drug abuse would not be discovered and support would not be able to be provided.

An audit was undertaken of all the practices in 2016, comparing ending stock balances as calculated by CVS and by the practice, with stock levels and amounts used reported by the practice and purchases reported by CVS Purchasing Department.

The results in 2016 were very disappointing showing a 37% discrepancy for Methadone and a 22% discrepancy for Ketamine. This was a serious issue for the company and staff wellbeing and immediate actions were commenced to address it.

Actions

The first action taken was to appoint a person in every practice who would be responsible for controlled drug (CD) safety, recording and auditing. This person, along with other medicine duties, is known as the 'Head of Dispensary'. Each of these are obliged to attend a full day training course in medicine legislation, including controlled drugs. An audit of all the CD cabinets was undertaken and 160 were replaced within CVS practice to conform to the current legislation and key safety issues were addressed. New CD registers and an SOP were introduced to aid correct recording and weekly reconciliation. Numerous educational articles were written for in house publications.

During the practice audit period, when a large variance was calculated, the practice was contacted to see if any errors were made and they were given the opportunity to recalculate their figures. This uncovered any gaps in understanding of the requirements, which were corrected going forward. It also became clear where more direct help was needed and these practices were visited on an individual basis.

The audit results were presented at the CVS Clinical /QI roadshows attended by over 600 clinical team members and in several internal and external publications.

These actions are ongoing in all respects.

Results

Audit results for 2017; Discrepancies: Methadone 6% Ketamine 2%

Audit results for 2018; Discrepancies: Methadone 4% Ketamine 2%

This was in addition to an increase in the use of ketamine by 82% and methadone by 26% within CVS practices in 2018, likely due to an increase in the number of equine and small animal practices within the Group.

Impact of intervention

The impact was improved recording of Schedule 2 controlled drugs (ketamine and methadone) and meeting Home Office requirements. More significantly, the annual audit provides a sense check to discover any difficulties that practices are having with recording controlled drugs and assistance can be provided as appropriate. Most importantly, if a discrepancy is realized it can be investigated quickly and if drug abuse is suspected, supported can be given without delay.



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Interested in submitting your own case example? Email us at ebvm@rcvsknowledge.org.