

Clinical Audit

What is it and what can practices and individuals do right now?

What is clinical governance and clinical audit?

Clinical audit is about looking at documented evidence in your practice and finding out what is working (and keeping that up) and what is not working (and changing it). Clinical governance is about creating a ‘whole system’ cultural change that involves not only clinical audit but also risk management, staffing and staff management, patient-client involvement, education training and CPD and clinical effectiveness. For a thorough explanation of the underlying principles see ‘Using clinical audit to improve clinical effectiveness’.¹



Clinical governance is “a continuing process of reflection, analysis and improvement in professional practice for the benefit of the animal patient and the client owner”. Main areas: animal safety, clinical effectiveness and patient and client experience”

Clinical effectiveness “measures to what extent a particular procedure achieves the desired outcome. Clinically effective practices have access to the best available knowledge in order to discuss procedures and draw up practice protocols etc”

Clinical audit is “the systematic critical analysis of the quality of veterinary care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient”

Why do we need a clinical audit, and what has clinical audit to do with EBVM?

In the *Handbook of Evidence-based Veterinary Medicine* these questions were answered in the following way:

“It is important to be able to assure clients and peers that the expertise and service offered is safe, effective and efficient. Clinical audit is a process used by health professionals to assess, evaluate and improve patient care. The process identifies deficiencies and monitors the outcome of any changes made to address these deficiencies. Clinical audits can be used to compare current practice with the best available evidence. It provides a methodology to assess if the best evidence-base medicine is being applied within the practice.”²

Other than reassuring clients and peers, there is also a great deal of professional satisfaction to be gained from knowing that we are doing a job well. The whole process requires the development of a constructive, no-blame culture, with a strong element of reflective practice and team development, which brings many concomitant benefits to the practice and ultimately the animals in their care.³

How much is this going to cost me?

Clinical audit and clinical governance often result in organisational change and sometimes the development of suitable IT strategies.³ Implementation does require using time and financial resources, but it can also be a highly effective tool to assist in the marketing of services, and monitoring and improving client compliance, which are key factors in practice profitability.

How do we carry out an audit?

There are four steps involved in clinical audit:³

Step	What to do
1. Preparation:	<ul style="list-style-type: none"> Decide the issue to be tackled Decide who the team is Decide what resources you need (££, time, etc) Decide the ethos: this is a “no-blame” exercise
2. Establishing protocols	Decide and write up clearly how you are going to retrieve information: <ul style="list-style-type: none"> If clinical records: how is the database going to be queried (free text/boxes ticked/other) If interviews: what questions will you use? (open-ended/focused)
3. Select criteria and measure performance	Decide if you will be measuring processes or outcomes. For example, if you were auditing diabetes control in cats you could: <ul style="list-style-type: none"> measure how effectively you were monitoring your cases (how well you were adhering to your testing protocol) measure how effective that control actually was, (e.g. fructosamine levels 3 months after initial diagnosis) It is also possible to use customer satisfaction as an estimation of an outcome (usually in the form of a questionnaire)
4. Assess outcome and maintain improvements	Compare what you got with some form of standard: <ul style="list-style-type: none"> Literature review (done with EBVM principles!) Comparing with other centres

When you are deciding which issues to tackle, try starting with a perceived important and common problem within the practice.⁴

Examples of topics for clinical audit in your practice	
<i>Small Animal Practice</i>	<i>Large Animal Practice</i>
Pyoderma (dogs) Diabetes Mellitus (dogs) Congestive heart failure (dogs) Chronic renal failure (cats) Miliary eczema (cats) Hyperthyroidism (cats)	Laminitis (horses) Heaves (COPD)(horses) Melanomas (horses) Toxic mastitis (cattle) Endometritis (cattle) Solar ulceration (cattle)

What could practices do now?

- Organise regular clinical discussion meetings for the practice team
- Record minutes of clinical meetings and review any action points at future meetings
- Follow up any clinical issues arising from meetings and case discussions
- Make changes as a result of discussions and monitor these changes to ensure they are effective
- Organise on line discussion forums to discuss clinical cases where geography or part-time working make face to face meetings difficult
- Have a system in place where all clinical staff can input items onto the agenda of clinical meetings
- Have a system whereby ad hoc case discussions between vets can be recorded and so followed up
- Try to include all clinical staff in meetings
- Communicate results of meetings to those staff unable to attend
- In case of any significant event, (e.g. unexpected medical or surgical complications, serious complaint, accident or anaesthetic death), hold a no blame meeting of all staff involved as soon as possible after the incident and record all the details
- At the significant event meeting consider what, if anything, could have been done to avoid this incident, and what changes can be made in procedure as a result of the meeting
- Communicate changes in procedure to the whole practice team
- Monitor any changes in procedure
- Organise practice team discussions on guidelines or protocols used in practice
- Organise clinical clubs or journal clubs
- Look at the evidence base for common treatment protocols used in the practice and revise these as a result if necessary
- Record the results of common procedures
- Audit the results of clinical procedures of interest to the practice team
- Have a system whereby individuals feedback interesting information from CPD courses to the rest of the practice team
- Incorporate information learned at CPD course into practice protocols where appropriate
- Have a policy encouraging CPD for all vets, nurses and clinical support staff.
- Have access to suitable up to date reference material
- Ensure that information on new veterinary products or new pieces of equipment is communicated to all the clinical team
- Ensure that new members of clinical staff have access to any practice guidelines, protocols or clinical discussion meeting notes so that they are aware of relevant clinical issues in the practice
- Ensure that any locum veterinary surgeons are aware of practice guidelines and protocols at the earliest opportunity
- Ensure continuity of care for patients by having effective systems of case handovers between vets.
- Have an effective means of communicating with clients. eg newsletters, web sites etc.
- Monitor and take note of feedback from clients
- Ensure that the public are aware of identity of members of staff eg badges, notice boards, web site.
- Have protocols known to all relevant staff for dealing with members of the public
- Have a complaints procedure
- Record all complaints received and the responses to the clients
- Have effective communication system within the practice and to clients
- Have a performance review system in place for all clinical staff to monitor and plan development

Practices should try to incorporate as many of these options as are relevant and practical for their own practice in order to monitor and review clinical outcomes and improve care.

What can individuals do now?

- Keep up to date with CPD requirements relevant to the work done
- Communicate information learned at CPD courses to professional colleagues.
- Discuss cases with professional colleagues
- Participate in practice clinical meetings
- Give a prompt honest account of any significant events e.g. unexpected medical or surgical complications, serious complaint, accident or anaesthetic death
- Reflect on results of procedures or clinical cases
- Look at the evidence base for treatment protocols used
- Make any changes necessary as a result of reflection or searching the evidence base.
- Keep up to date with new drugs etc used in practice.
- Communicate details of any ongoing cases with other vets, nurses and all clinical support staff
- On moving to a new practice or acting as a locum ensure they are aware of practice guidelines and protocols
- Also at a new practice or when working as a locum ensure that they are competent to use all necessary equipment, computer systems etc.
- Communicate honestly and courteously with clients
- Ensure that they do not act outside their own professional competence
- Consult with more experienced or better qualified colleagues when unsure about a case
- Refer cases, or offer referral as an option to the client when appropriate

References

1. Viner, Bradley (2009) Using clinical audit to improve clinical effectiveness, *In Practice*, 31 (5), pp. 240-243
2. Cockcroft, Peter and Holmes, Mark (2003) *Handbook of evidence-based veterinary medicine*. Oxford: Blackwell Publishing, p.186
3. Viner, Bradley (2003) *Attitudes to clinical auditing in veterinary general practice: Module code 4860*. MSc (VetGP) thesis, Middlesex University
4. Cockcroft, Peter and Holmes, Mark (2003) *Handbook of evidence-based veterinary medicine*. Oxford: Blackwell Publishing