

Clinical Audit Case Example: An organisational 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.

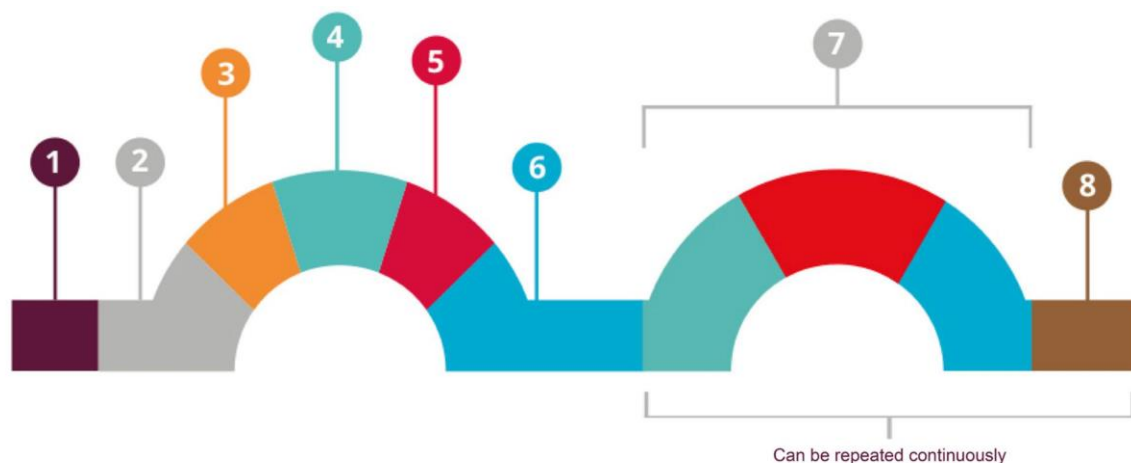
It is used:

- ⇒ To check that clinical care meets defined quality standards.
- ⇒ To monitor the changes made to ensure they bring about improvements and 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.

Clinical audits may be needed when 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 in the diagram where in the 2nd process we can see steps 4, 5 and 6 repeated. The next page will demonstrate the steps the practice took to put this into practice.



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 team wanted to audit their outcomes for cruciate surgery to ensure that the procedure was still suitable for their patients.

2. Selection of criteria

Criteria should be easily understood and measured.

Patients were assessed based on their ability to use their limb after surgery. This would be based on four key factors; full return to function, acceptable return to function, unacceptable function and lost to follow up.

3. Set a target

Targets should be set using available evidence and in agreement with 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 standard, and compare against known benchmarks (derived from a meta-analysis of available papers) of 90-95% return to function (for differing procedures outside the PDSA scope of service).

4. Collect data

Identify who needs to collect what data, in what form and how.

Retrospective data was collected.

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.

The initial audit results showed 85% of patients experienced an acceptable or full return to function. The audit also flagged that 40% of patients were lost to follow-up.

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.

Pet hospitals contacted owners to follow up after a cruciate surgery.

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 concentrating on the lost to follow-up patients were completed.

8. Review and reflect

Share your findings and compare your data with other relevant results. This can help to improve compliance.

There was a reduction of lost to follow-up patients down to 17%. All audit results are shared with pet hospitals and the rest of the team.

Clinical Audit Case Example: PDSA National Cruciate Surgery Outcomes Audit.

Section B: National Cruciate Surgery Outcomes Audit



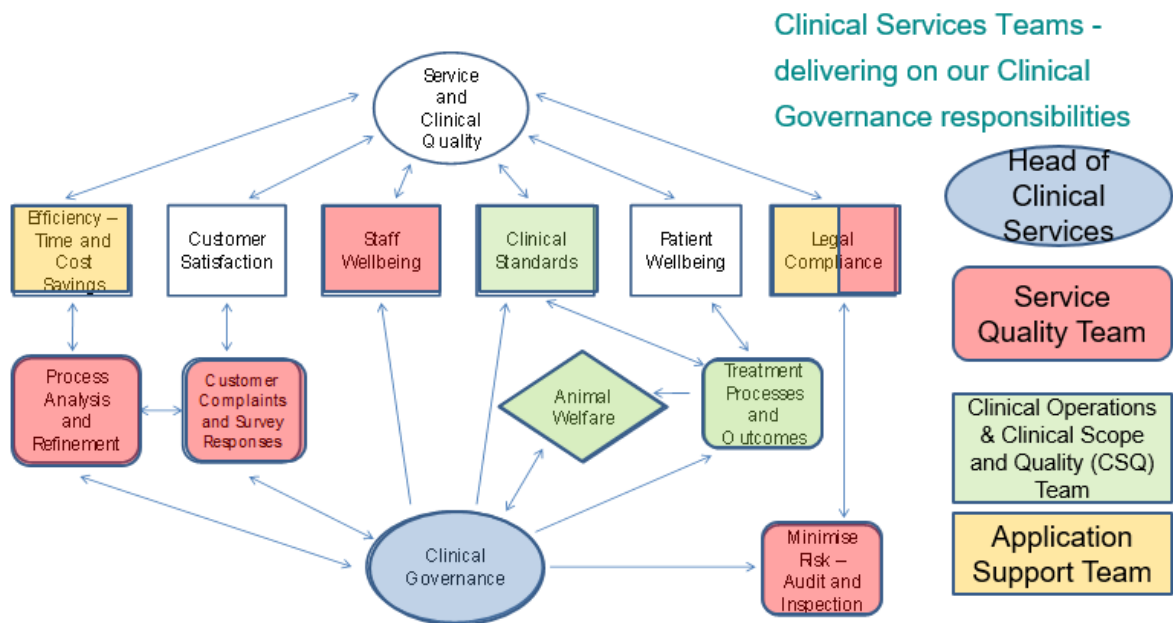
Name of initiative: PDSA National Cruciate Surgery Outcomes Audit
Initiative start date: January 2019
Submitted by: Steve Howard BVMS MRCVS DMS, Head of Clinical Services

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

There is an expectation that four local clinical audits are carried out each year in each pet hospital. National audits have been performed at PDSA since 2008; this example is the PDSA national cruciate surgery outcomes audit carried out in 2019.

Clinicians had been increasingly requesting for PDSA scope of service to be extended to include procedures beyond the current limit of the lateral suture technique. The audit was therefore designed to ascertain:

- Whether PDSA’s application of the current technique was providing welfare outcomes at the desired levels.
- Whether PDSA should consider either:
 - Removing the surgical management of cruciate rupture from its scope of service, or
 - Extending its scope of service to incorporate additional procedures.

Actions

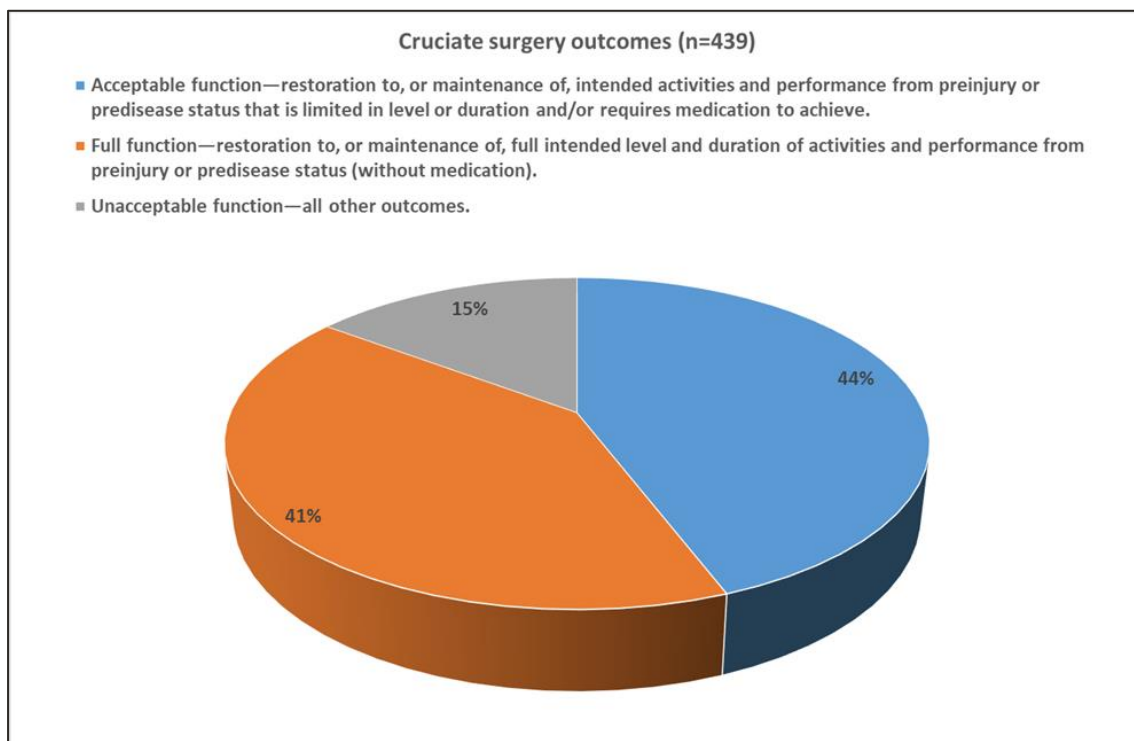
Through the use of the VeNom clinical coding system, it was possible to identify and provide the details of all cruciate surgery interventions over a defined period of time, so that pet hospitals could carry out the audit. The audit methodology was very similar to that employed by vetAUDIT and required retrospective judgement (from clinical history recorded at the time) to be made upon the outcomes of the surgery, to establish the degree of return to function of the limb. For each patient, one of four possible outcomes was recorded:

- Full function
- Acceptable function
- Unacceptable function
- Lost to follow-up.

PDSA's results were then compared to available benchmark results through a meta-analysis of available papers, which are largely reported by referral clinicians. These suggest that they achieve a 90-95% return to function for those alternate procedures currently outside PDSA's scope of service.

Results

The audit showed that of the 439 dogs treated for cruciate ligament rupture, 374 (85%) experienced an acceptable or full return to function of the limb and 65 dogs had an unacceptable return to function (14.81%).



Further analysis incorporating patient breed, weight and age revealed valuable information regarding patient factors, which influenced the level of unacceptable outcomes and informed the creation of guidance relating to case management.

Impact of intervention

One unexpected impact was gaining visibility of the level of 'lost to follow up' cases, which was as high as 40% in the early days of the audit. Pet hospitals then contacted owners to follow up and reduced that rate down to 17% for the purposes of the audit. This has highlighted that proactive monitoring of attendance for follow up appointments is necessary.

Based on the comparison with benchmarks, the Clinical Operations and Clinical Scope and Quality (CSQ) team concluded that, as a first opinion practice, PDSA achieves good overall outcomes from providing the procedures that are currently within the scope of service and that this procedure should continue to be offered.

CSQ also considered that the impact of extending the current range of procedures for this surgical condition – additional equipment, training, surgical time utilisation and post-operative level of care required – would not represent a justifiable utilisation of funds to achieve a relatively small improvement in outcomes.

The CSQ team then further analysed the outcome data in more depth, to create national guidelines aimed at reducing the level of unacceptable outcomes experienced. These largely focused on decision-making around case selection and informed consent discussions with owners.

Evidence-based audit has helped to:

- Provide confidence in our patient outcomes
- Reassure PDSA stakeholders that the funds utilised to provide the procedure are effectively spent
- Reassure clinicians that providing the current procedures is reasonable
- Determine case selection and management guidelines aimed at reducing unacceptable outcomes.

Further audit will now be necessary to demonstrate a reduction in unacceptable outcomes and complete the audit cycle.



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