

Clinical Audit Case Example: Equine castration outcome audit

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.

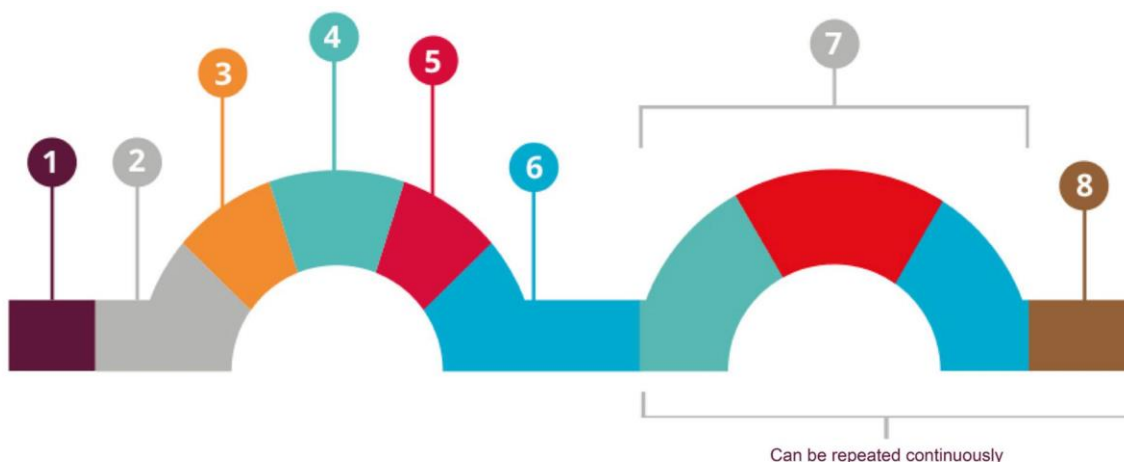
It is used:

- ⇒ 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.

In this case the practice undertook a retrospective audit of post-operative complications in equine castrates.

2. Selection of criteria

Criteria should be easily understood and measured.

The outcome of each castrate was scored 0 to 5.

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 standard (benchmark) of the practice. This was then compared to the literature benchmarks.

4. Collect data

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

Data was collected retrospectively from the PMS system.

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 literature benchmark was not met, and a new protocol was written.

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 new protocol regarding antibiotic use, post-operative care, and the timing of the procedure.

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.

A re-audit is scheduled in the next few months.

8. Review and reflect

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

Findings and updates to protocols were shared with the team.

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



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Name of initiative: Outcome audit in an equine practice
Initiative start date: November 2018
Submitted by: Charlotte Hartley RVN

Introduction

This QI initiative took place in an equine hospital to look at post-operative complications of equine castrates and compare them against the benchmark. Kayleigh Cook MRCVS has recently completed her medicine certificate and has an interest in surgery therefore is an ideal candidate to drive the audit and with the help of the team will drive the findings forward.

Aims

The aim of the audit was look at post-operative complications of all castrations completed in the last 12 months to identify any problems and highlight any reoccurring issues. Literature benchmark figure for complications following closed castrations under GA is 6% although this is in aseptic hospital conditions. For those standing open castrations the benchmark figure is 22%.

Actions

In our audit we reviewed the outcome of each castration by scoring each individual case from 0-5.

- 0: Lost to follow up
- 1: No complication
- 2: Complication, no treatment required
- 3: Complication, medical treatment required
- 4: Complication, surgical intervention required
- 5: Death

A simple report will be run off the PMS to list all castrations. Each patient records will be looked at to enable a score be taken. We will also log the date of castration alongside if the castration was done standing or under GA.

Results

The target was not met. 78 castrations were performed, 3 under GA and 75 standing.

The overall complication rate was 26.9%. Castrations under GA had a 15% complication rate and standing castrations had a 29% complication rate. 36% of patients received antibiotics. The findings of the first clinical Audit were E mailed to all staff members highlighting the findings against the benchmarks and suggesting interventions required. A castration protocol was created.

Intervention

The following interventions have been implemented to try and reach the benchmark target:

- Reduce the use of post-operative antibiotics to only where contamination is compromised. Aim to bring this down to 25% of all castrates.
- Avoid castrations in mild or hot weather when wet and warm with high fly presence.
- Implement pre-operative antibiotics at 30 minutes pre-surgery on the new protocol.
- Harmonise discharge medication and education of discharge instructions.
- New castration protocol drawn up to include these changes.

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