Clinical Governance in Equine Practice: Practical examples of quality improvement

Podcast transcript: Pam Mosedale and Charlotte Hartley discuss getting started on clinical audit in practice

Introduction: Welcome to Clinical Governance in Equine Practice: Practical examples of Quality Improvement. The following session was recorded at Ashbrook Equine Hospital during the RCVS Knowledge Equine Roadshow, kindly sponsored by the Horserace Betting Levy Board and accredited by the British Equine Veterinary Association.

[Slide 1]

Pam Mosedale, Chair of RCVS Knowledge Quality Improvement Advisory Board and Acting Lead Assessor and Veterinary Advisor for the Practice Standards Group and Charlotte Hartley, RVN and Practice Standards Advisor for North West, advise on getting started with clinical audit in equine practice, discussing topics, benefits and barriers. The clinical audit case examples are available to view in our resources.

[Slide 2: What is clinical audit?]

Pam Mosedale (PM): So, I think Lewis [Smith] used the same diagram this morning, but basically the whole encompassing thing of clinical governance, which we'd now rather call quality improvement, which is the way to do it. Within that we ought to be clinically effective. We want to do the right thing and do it properly. And the way to measure if we're doing the right thing is by clinical audit.

So it's really, again, like all equivalents, this is not rocket science, it's just about looking at what you do, trying to make it better. But actually measuring what you do as well so you can see whether it does need to be made better or whether it's actually fine. There's, what do you think are the barriers to clinical audit, what would, why do practices not do it, do you think?

Audience Member (AM) 1: Time and knowledge.

PM: Absolutely. I think those are the two main ones. Massively. Time definitely seems to always be at the top there. Not knowing where to start. Anything else?

AM 2: Collecting data can be quite difficult.

PM: Yeah. Sometimes people worry because their, practice management system isn't easy to get. Whose practice management system is easy to collect data from, I'd like to know! Yeah, but there's lots of things you can do that don't even need to use your practice management system. But yeah, those can be barriers. And I think, do you think sometimes there can be barriers where people worry that someone else is looking at their performance and seem to compare them adversely with other people? I think that sometimes is a barrier.

[Slide 3: What is clinical audit?]

Anyway, so what are they about? They're about collecting data in a particular area of the practice. If you don't do it, how can you know what you're good at? We can get this nice warm glow, can't we? That means we're good at this and we're good at that. But do we know that we actually are? Or we might think we're not that good at that, and actually we are. So really it's about measuring it, because if we don't measure it, how do we know what we need to improve?

[Slide 4: Why audit?]

And we can assess and audit areas like process, outcome and significant events and performance. So it helps us to understand the care we deliver. It gives us some real proper data. It definitely encourages us to incorporate evidence-based medicine because audit is often around auditing around guidelines. And as Tim [Mair]'s told us this morning that drawing up your guidelines or modifying your guidelines is all about looking at the evidence base.

[Slide 5: Benefits of clinical audit]

I think it is really good for improving ourselves professionally, it is CPD. We can feel proud that we are doing a good job when we get good audit results, but it should improve outcomes and improve the care we give to patients, which at the end of the day, is surely what we all want. That's the main point of veterinary practice.

So yeah, we've said about the barriers, the benefits are really that you can standardise care a little bit more, have a bit more consistency if you've got the guidelines Tim talked about and you're auditing whether people are using them. It's annoying to clients when different people in the practice come out with different timescales when an animal should be seen again or blood-sampled or whatever. And it does comply with RCVS requirements too.

[Slide 6: Clinical audit – Where can it go wrong?]

So where do people go wrong then with clinical audit? I think the biggest way that people go wrong is choosing the wrong subject and usually making it much too complicated. And not spending that time. I mean, Tim finished with the 'fail to prepare, prepare to fail', didn't you? And that's life isn't it? But it's also very, very much so, with clinical audit: the time spent in preparing is really, really well spent.

People are getting things much too complicated, trying to do research. Now there's no reason not to do research, but in practice research and clinical audit are two different things and you need to be clear in your head from the beginning which one you want to do.

[Slide 7: Audit and research – the differences]

Example: someone I know rang me up and he knew that I was interested in clinical audit, so he said, can you help us do this clinical audit, Pam? I said, yeah, what is it about? He said, well we do some work for a rescue society for a rescue kennels. So we want to look at whether dogs that have already been vaccinated for kennel cough, before they come in, compared to dogs that haven't, compared to dogs that get the vaccine on the day they arrive or get it two days later, get kennel cough within so many days and then we're going to treat them with antibiotics, A, B, and C for five days or 10 days respectively.

And I went, whoa, stop, stop. First of all, that's far too complicated. And secondly, you're doing some sort of research project to see what is the best treatment, what's the best time for the vaccine and what's the best treatment. So you know, you're going to be unhappy if you try and do this, it's going to go pear shaped.

So, you know, concentrate on one of those things and we'll do one of those things. And then I think the other massive mistake is not acting on the results, going to all this effort, finding out your results and then doing nothing about it and not discussing it with your team and not seeing how you could possibly change it and not auditing it again.

[Slide 8: Audit v Research]

So I think the audit and research thing I think is quite relevant to today. So research is all about deciding. So we're looking at a small animal example, I apologise. We're trying to see what gives the best survival rate in rabbits. That would be research. We're trying to find out what is the best thing.

But with an audit, it's rather looking at the areas in your own practice. So you might do what is the survival rate of rabbits in our practice using our anaesthetic protocols, or how well do we comply with our guidelines for rabbit GA [general anaesthesia]. We've drawn up a guideline, how do we comply with it? So can you see the difference there? Research is all about the big, the much bigger picture for the whole profession. What's the best? An audit is about measuring what you do in your practice.

And if anybody's interested in the survival rates of rabbits under general anaesthetic, there's a brilliant podcast. Is it a podcast from Molly Varga about it, which is on the BSAVA website, if I remember, which came from RQI [rabbit quality improvement] Day at BSAVA.

So research is all about generating new knowledge, whereas audit is to see how we apply it in our own situation. Research probably needs ethical approval and audit generally doesn't. Research, I've said before, is big, large scale, long time. Audit: small, short scale. And research has generalisable results, people can publish their papers on research projects, whereas audit is about what you do in your practice. So the results are more relevant to you although you could share them. And the one I can't say, research has to be statistically significant and then audit doesn't.

[Slides 9 – 13: Which type of audit? What do you want to know?]

And then the next thing is choosing what type of audit to do. So you've decided what you're going to audit and it's not research and you've kept it to one small subject. You've not gone too mad. And what type of audit? I think this is another way to think, and it'll really help you as you go through it.

So you want to do a structure audit, to check you have the right facilities available. Now that's a brilliant audit to start off with for an equine practice: audit the vets' car boots, what equipment have they got in there? Who has got six hoof knives and two or three head collars and shoe removing kits, etc. And so if you can do an equipment audit, you could also do a medicine audit of car boots. You could see who has got so many opened bottles of various medicines, without any break space and gone well beyond when they should be in there. But that's certainly a different audit.

But a structure audit is quite an easy one to start with: how we do something, how we follow on a guideline or a protocol, that's a process, all of it. That's when you look at what result we get for something as an outcome audit, so that might be the result of castration audit, any kind of surgical procedure. Something that has gone wrong or right, that's exactly what Alice [Bird] has

just been talking about now, a significant event audit. And that's where you look at one issue from beginning to end. It was just illustrated brilliantly. And that's a significant event audit. You don't have to collect numbers for that, but it's just as valuable for learning from.

Trying to find out the best way to do things is research and not audit. I think if you have those things in your mind and think about research and think about what type of audit it helps you to focus on what it is you actually want to look at. So, outcome of audits and so look at the results, so you might look at something like anaesthetic deaths, castration, post-op infarctions, but the important thing is once you get the results, is it the result you expected? So then talk to the team about why the result is how it is, and what you could do to make things better and then implement changes. And then audit again, that's an important thing.

When you talk to most vets about clinical audit, they mostly think of, we mostly think about outcome audits. We tend to think about anaesthetic deaths and surgical procedures and outcomes. Because it's nice and easy to measure outcomes, isn't it? But process audits, I think, are the way forward for lots of veterinary practices. They're so easy to do. They're so quick. You can get information really, really quickly and it's all about how you comply with guidelines and things.

So it could be complying with one of those diagnostic and treatment guidelines that you might have drawn up for, you mentioned that metabolic syndrome, or whatever. It could be dispensary protocols (and Charlotte's going to talk about exactly that in a minute), it could be cleaning protocols and it's how the team, it can be something like admission forms, anaesthetic admission forms. Just going through and getting out the anaesthetic admission forms for the last month and deciding what we're going to look for, whether they've got the name of the procedure, whether they've been signed by the owner and whether they've got an estimate on them. And you might have a result that says, yeah, 100% of the name of the procedure and 99% are signed, but only 50% have an estimate.

And then you might think, well, we need to think about that process, how we can make clients aware of how much the cost is. So you could have a results discussion two weeks later, act on it and then do it again a month later. But don't forget one thing about audit, before we go onto Charlotte's practical examples, is there's something called the Hawthorne effect. So when you start to audit something, it often just improves, apparently improves of its own accord to start with, because everybody's conscious of it.

For example, in my own practice what we did was we were doing quite a lot of audits, so the reception team wanted to get involved, so they wanted to do a client waiting time audit. So yeah, that's a good idea. Let's do that. Do the current waiting time audit, and vets are so competitive, it really drove everybody to try and be on time, so the client waiting times improved dramatically just because somebody was actually measuring it, and that's the Hawthorne effect and it does wear off after a bit.

So yes, I think process audits are, if you've not done many audits, and practice outcome audits can take quite a long time to do, they give you some brilliant information but can take a long time. Process audits can be really quick, acted on, it can be a whole team activity because they can involve practice managers and nurses. Personally I find nurses, this is even if you weren't here Charlotte, I find nurses are the best people to drive clinical audits, in practices that do it consistently. Vets are great at coming up with the ideas. But nurses are good at actually implementing.

[Slides 14-15: Clinical audit cycle]

So I'll just finish with this, we saw the clinical audit cycle, before I think most of have seen this version of it, this is from the RCVS Knowledge website and also from Royal College of General Practitioners.

So, choose your topic. So select your topic and then your criteria, so you have to focus down on your topic, exactly what it is you want to measure. Then the next bit is always difficult where it says to set a standard, because in human medicine they have standards for all sorts of things. We don't really have those. I think a target is a much better word, so you can set your own target, which can either be by just doing it once without anything at all and then using the research you got the first time as your target for the next time. Or it could be if there is an evidence-based standard out there, then you can use that.

Collect the data, number four. Analyse it, number five. Number six, very important, decide what needs to change, implement your change, very important and then even more important, do it all over again. After you've made the changes, we audit and collect data again in the same way, analyse your data in the same way and then reflect on how that's changed, and even then that's not the end of the process because you may decide, okay, this part can be repeated continuously.

You may decide, right, okay, we've improved a little bit, but what we're going to do is do this again in six months, or maybe even a year. And even with good results, I think it's worth doing it again, in a year or whatever, to see what's happened. Okay, enough boring theory stuff from me, Charlotte is now going to talk to us about some practical examples.

Charlotte Hartley (CH): Okay. So for those of you who don't know me at all, I was a small animal nurse for eight years, then I moved over to equine and I've been with equine now for three years, is it three years? So this is my wonderful practice manager sat here in the audience as well. So it's quite daunting for me because I believe you're vets, apart from Julie who is the practice manager. And so I feel like I'm sort of, a bit, preaching to people who should know more than me. It's quite scary.

So it's a bit scary this, but we'll go with it anyway. Let's just go with it. And so 12 months ago we did our [RCVS] Practice Standards accreditation and we sailed through our accreditation. I went on to do some Practice Standard Awards, we sailed through awards and we just thought we must be so good, we are such a good practice.

And it was only when I started looking at doing CPDs and looking into things that I thought, actually we're probably not, because working in Practice Standards, this is why I got into auditing a little bit more, is when I was going in the practices, I realised that people are really good at something and they got their Practice Standards accreditation and then they decided they didn't need to do it again, because they weren't being reassessed for another four years. So they started out really, really good and then it all sort of went by the by.

So, and I sat there and I thought, I wonder if it's the same really in my practice because we really didn't do many audits, did we? Julie can vouch for me here. We didn't do a lot of auditing, so I thought right, I need to have a look at it. So this is some of the reasons why I wanted to do some auditing and I'll go through them very quickly.

So, improve clinical standards. So I just thought if we've got some standards where we're lacking a little bit, then clinical auditing, it's definitely going to improve them. So I can sit and we can talk about our outcomes of it and ways to improve it. So that's why we did it. On here as well, we can look at data, we can look at the ways that we can deliver new processes, new policies.

We can measure what we're actually doing. We can implement new policies, new guidelines. It helped me gather information. So if you're really good and you don't drop your standards, it will help maintain your standards. But also it'll make sure that you put new protocols and SRPs [standard reporting procedure] in place. I'm a big believer that you can have an SRP, you can have a policy and a protocol in place, but you need to change it. It can't just be standardised all the time because things change and you've got to change. And the practice changes. So you need to keep reviewing policies and protocols and changing them and one good way of doing that is by doing clinical audits.

We can measure performance, we can have a look at how well we're doing things as a practice. We can try and influence other practices, if we're doing really well, by sharing our data and we can look at the service that we're actually providing, but more so we can make improvements.

So that's why we decided or I decided that we were going to move forward with auditing. These are some of the problems that I encountered. So I'm not going to say it's been a nice easy task. It isn't. It's not horrible, but you do encounter problems. Some of these… so, for me, access to information and records. Like Pam said, PMS [practice management system] systems, we sort of had to put up our hands and say no, we had systems go down, data lost. We couldn't find it. Things aren't put on the computer properly, so you always have that barrier there. They seemed really complicated and daunting.

So when I first decided to do my first clinical audit, I actually sat on my desk for about an hour just staring at a screen thinking, I've actually not got a clue what I'm doing, somebody help me. I actually did think they were really complicated but they're not that bad. And I wasn't sure how to start it. We didn't have enough staffing levels. So all the vets had go out on all the calls, because we're an ambulatory vets, I must add that one. All the vets disappear, we don't see anybody all afternoon and then they all arrive later on when they've all finished the calls and trying to get them to start anything then is just not happening. And the phones are constantly ringing, so the girls in the office are generally working nonstop. So it was hard to make time to do them.

The big brother, as I call it, again, Pam said it, we're not watching people, but people actually think if you're auditing them, they're going to think that you're actually finding the blame, you know, having a bit of a blame culture and you've done this wrong, you've done that and it's not about that. And also it is time consuming. So they were the problems that I encountered when I was doing the clinical audits.

[Slides 16-17: Process audit – use of cascade forms]

So, going back to this audit journey, this was, so I've got today for you, I've just got four audits that we've done. I'm not going to go into huge in-depth detail. It's really basic. It's nice and simple and I'm here to sort of say to people that if I can do it, anybody can do it. And this is how I've done it. So I had a look at our audit journey. So I chose my topics. So the first one that I'm going to talk about is the use of cascade forms, off licence forms. How many people in this room use them and get consent for them?

Realistically? All the time? That's brilliant then. So I knew when we were having our practice standards inspection, the vets were fantastic at it and I kept getting these signed forms in and I was like, this is amazing. I'm, I'm doing good here. And then it was, it dawned on me and I thought, because I don't monitor these coming in, they're just coming off the vets, the girls in the office scan them onto the client record. That's it. I don't get to see them. So I thought I'm just actually going to have a little look so you'll be interested in this later.

And so I chose my topic, the use of off licence and cascade forms. So this is a process audit. So we're looking at are they following practice policies to get an off licence cascade form signed every time they dispense an off licence drug within the 12-month period, okay? So I needed to make sure it was easily understood by everyone that this is what we're doing and make sure all the staff were aware and that they were trying to conform to practice policy and that of the RCVS and VMD [Veterinary Medicines Directorate]. Let's see if they did later.

So the target is 100%. That's what we should be targeting at, no matter what that is. That's what the RCVS and VMD stipulate, we should be getting 100% signed. So I collected the data. So we looked at two of the most common cascade products that we used in practice. So I pulled this off the PMS system. So we looked at Dectomax and Karidox. We reviewed the dispensing list and looked at the individual records.

I had a look at the date there, so I analysed it. I'm, I'll let you into a secret. It didn't get met, but we'll look at it in a little bit more detail. So we tried to implement some change. So this is the audit that's coming up, ah I can't read it off there it's terrible. Okay. So initially, so what we did to get the actual data, I printed off a list of the sales within a set period. So you've got to choose your period when you want to do your audit. So we did it over, I can't remember it if I've put it on that. I think it was a three, six month, three months. I can't read it from here. A period of time. I pulled off the data off the practice management of who's had what, so who have we sold Karidox to, who we've sold Dectomax to, and then I sat and I looked on the practice management, it's dead simple.

Went onto the record, have they got a signed consent form scanned onto the record? Cross or tick. That was it. That's an audit, that's done. So I collated all the information. Initially when I first did the audit, only 6% had been signed. I was absolutely mortified because previous to this it was fantastic. It was absolutely fantastic. So this just shows that they can be doing it really good at one point, but if you're not on top of them and keeping them up there, and keeping a check, it may just start slacking off a little bit. So I was really disgusted with… so we did 6%. So what I did then because of that, I thought how can we find and what can we do to help the vet?

So I sat with the vet, so I told them it, and they all, sort of, held their heads in their hands, and they were like, I'm sorry Charlotte, we will try again. So I said, well, what do you need? And they said, well, it's time. We don't have time, when we're in our vans, you know, we finish our calls and you know, signing pieces of paper, I've just not got time for it and I forget it's off licence and you know. So I sat there and I thought, right, what we'll do. So I went onto the BEVA website, so I don't know if anybody else has done this, I went down to the BEVA website and you can download stickers that showed that they're a cascade product and you can stick them on all the drugs that are in your dispensary that are under cascade product. It does two things. The client can scan it, the barcode on it, which is brilliant because it gives you the information on it.

So that's one good thing. And the second thing was it just actually just reminded the vets that it was an off licence product and come on, little stickers saying it is, get a form signed. They then tried to tell me the forms were too long-winded and they couldn't fill them all in. So I made like a generic off licenced consent form for them, they literally just filled in the client details, what the drug was and why they were using it and then they got it signed. So they had the off licence forms, they had the actual stickers and the biggest thing was general compliance that they just weren't doing it. And so we implemented that. We re-audited again. I'm sorry you can't read these. And if anybody does want copies of these, so that you can look at them, just let me know and I'll email them to you because we have got them on here now.

We re-audited again, this time, 22%. So I did this quite quickly because I knew how I was coming here and I didn't want to leave it open and see whether we actually didn't do very well. So I didn't give them a big period of time before a re-audit. But I have done an interim audit and it came up to 22%. So we're onwards, we're going in the right direction and as long as I keep auditing that, it's going to improve. Okay. And if it doesn't, we'll sit down again and we have fortnightly vet meetings and clinical meetings and we'll sit down and this is something that we discuss in our vet meetings.

So we'll discuss all the audits and how we can, as a team, move forward. There's no point in me telling them what to do if it's not easy for them to do, if you will. So we need to make sure we discuss it. So that was one of the audits that I've completed.

[Slides 22-23: Process audit – use of dental charts]

So the next audit that I'm going to discuss, these are audits done at all different times, and are all just done now. This is a dental audit. It was 2017 that Julie decided that they were going to use dental charts. They didn't really have a good dental chart, did they Julie? That they use for the vets to go out and practice, they just, sometimes they managed to download a copy off the BEVA website and use that if they remembered. But we decided that we didn't feel that we were giving the patients the quality of care in dentals that they should possibly be getting.

And one of our vets, Kathleen, who loves doing dental, said, what we need is, we need a really, really good dental form that everybody has to basically fill in. The client gets a copy and we get a copy to scan on the files. And we've got then clinical history of it. But also she said it makes you do a better examination. I'm not a vet, I don't know. But she seems to think if she's filling in a form, she does it better than just going out and doing a routine dental. So we brought the forms in. So, initially and when we actually did the audit, there were 57% of them that hadn't had an actual signed sheet, actual dental chart scanned onto the record, so that was before we got the actual record, sorry, I know we got them initially. We did it after 12 months, 57% hadn't had them done. We re-audited again and 84% of all our patients currently have had dental charts put onto their actual records, which I think is, is really good.

I think the vets are really doing well there. I looked into this one a little bit deeper because I thought, well, I'd like 100% of them to have it and I'd be really happy if they did. And when I looked at it, it was really interesting that the existing vets that were here on the first clinical audit, 96% of them had filled in the actual forms. And it was the new vets that we'd recently had in the last 12 months who weren't quite with, you know, they didn't follow procedures as much and they're probably not into a routine of doing things as much.

We had one at 50%, someone at 74%, so after the audit we all sat down and we didn't blame, didn't do any pinpointing or blame culture, we said there are several of us that aren't doing it, and they'll know who they are. So hopefully next time we do the audit that will increase further on that. So on that one, to get the information on that, it was literally, got on the practice management system, you can pull off a list of who's had a dental procedure and then just literally go into each dental procedure on the practice management system and have a look who's got a scanned on dental chart. So again, these are audits that receptionists can do, that admin staff can do, vet nurses can do. We're not saying all vets have to do these audits, this is every single member of the team that can actually complete these audits.

[Slides 20-21: Outcome audit – castration]

So this is one of the vets' audits. So the vet has done this audit. This audit is an outcome audit to assess the current methods of castrations and to see if we can improve our complication rates. Kayley, one of our vets, had some time in practice and she said, right, I'm going to do the

castration audit. I said, that's absolutely fantastic. So she looked at the benchmarking figures for complication in equine castration, standing castrations. And the benchmark came back at 22%, and she did our audits, well you'll see on here, it's ongoing. And this is why I've put this in because I didn't want to sit and preach to you all that we do another audit, we make a change, we do another audit and we're really, really good. I wanted to show people that these are ongoing all the time. It's not something that you just do and then carry on with, this is an ongoing audit, still to complete.

We looked at the previous 12 months' castrations and as a whole we had 29% complication rates and how she did that audit was she simply had a scale of zero to five. Zero being they didn't go back to them at all for any complications. One, a slight complication, and so forth up the scale. So that's how she did it. After the audit, she filled the form in, she sat down with the rest of the team in one of the clinical meetings. We were actually really quite happy with that. We didn't think that was a bad result to be honest, considering we've never been audited on castrations.

So we now have a set of targets on that little journey. We've set our new target to get down to the benchmark figure of 22%. So we're going to re-audit this in 12 months because this is a brand new audit that she's just done. And so in 12 months' time that will be re-audited and we'll see if we've improved any on that. So all the time that we're doing these audits, we don't just do the audits and say that's it, that's the audit those are the results, go and improve we sit and discuss how they're actually going to improve.

On the castration audit she looked at the dates of when the castrations were, and she found that a lot of the castrations that we did, I think it was March time, April, which you think, oh, it's not, but it was actually a really, really warm time of year. When we look at this this year in March and April, it was really warm, wet, really wet, quite moist.

So potentially there was quite a lot of flies out there. So we've said that we're going to make sure we're only doing the castrations in colder weather when there's not as many flies. She did also look into, and it does have it all on here and like I said, if anybody wants to read them I'll send them to you. And she looked at how many had been given Depocillin as well and how long before surgery it had been given. So her audit was slightly bigger than what mine is. But that has got to be re-audited.

[Slides 18-19: Process audit – dispensing]

So another easy audit that can be done by your receptionist and your admin team or your dispensing team is a process audit. So again, we were looking at whether the staff were actually following practice protocol for dispensing medication. So 100% of medication that gets handed to a client should be checked and should be signed, initialled on, to say that is the correct product in that bag before it gets handed to the client. So initially our policy for that was when it was actually dispensed by the vet, and prepared by the girls in the office that they would get a signature, a little initial on the label, it gets put in a box. When somebody comes in to collect it, the client has to sign to say that they've received those drugs.

So when they go to receive it, it gets a second check, like another signature on it to say, yeah, it's been checked, before they get given over to the client. Are you with me on that one? So I looked at how many items had been dispensed without being signed, because in my head, if they've not signed for them, if a client's just been given them, they've not been checked because that's the process. You check them, you get the client to sign for them and they take them away.

So I had to look at this and 42% of drugs over a period, I think it was six months. Yeah, six months. So it's 42% had not been signed for. So for me that's nearly 50% of drugs were handed

over without being checked. I don't, you know, do we know what had been given out to customers? It really worried me that, so I've decided to do this audit, we had a look at it again and 22% had not signed for it. So we were improving. I sat with the girls, initially, we didn't change our system cause we actually thought, well actually it is a good system, it's just not being followed. So let's try it again. We tried it again. It did improve, we had 22% not signed for. And this time we've sat down, we've had the discussion and we've changed the policy of dispensing medication a little bit. The practice now has we have managed to be able to have a vet in practice now all the time, which we didn't use to have because we're very busy in-house now with patients coming in, it warranted us being able to have a vet in practice, they can do all their paperwork because this is something we gathered on the feedback that vets were just too busy on the road.

So we now have a staggered day in practice, don't we? So a vet comes into practice, they can get on with their paperwork, they can be around for clients coming in and they're there to answer any queries and it is working really well at the moment, isn't it? So we've implemented the system that the vet in practice has to be the second signature on it. So as soon as the drugs are actually put onto the practice management system, they're actually then prepared by a member of staff and initialled and put into a different box now where the vet then has to sign, it has to go through the box, before it even gets down to the dispensary desk to actually be handed over. So again, this will be done again in six months' time and we'll see whether that's improved as well. So that was just a bit of a whirlwind tour on how I've done auditing in practice.

And again, I'm not, you know, we're just saying, it is for everybody to audit. These are really basic, simple audits that we've done. And I feel like I've probably come in at the end of some really in-depth conversations you've had, and I've come in and told you how to do really simple audits at the end, so it's probably been nice and light-hearted for you at the end. But it's just to show that they are there and they are doable and that I sort of said to people, I'd start doing them, it's really improved the way we are working in practice.

[Slide 24: RCVS Knowledge - Resources]

So the forms that are used, Pam will show you on there, if you go onto the RCVS Knowledge website there is a clinical audit template on there. I literally downloaded that from the website and that's what I put all my audits into and then I can keep them all together in an audit file and then we've got them there for discussions. But on there as well, I know you were talking about significant events audit as well, because there is a template on there. I actually did one two weeks ago. That's the first one that I've ever done using the RCVS Knowledge significant event audit website. And I've actually done it, so I'm really impressed with myself because I've actually done it.

PM: There's a clinical audit course, which is an hour's free CPD, so if you can get your team members who are interested in it to do that, it's good.

CH: I really, really rate this website and it's really helped me with my journey into completing clinical audits, so I hope that's helped.

PM: Thank you Charlotte, that was brilliant and it was so good to have really practical examples, involving the whole team, like you said right at the beginning.

For free courses, examples and templates for quality improvement in your practice, please visit our quality improvement pages on our website at rcvsknowledge.org