

CLINICAL AUDIT

Charlotte Hartley & Pam Mosedale

What is Clinical Audit ?

- A process for monitoring and assessing clinical care with the view to identify and action areas for improvement.
- It's about looking at what you do and trying to make it better.



What is Clinical Audit ?

- Clinical audits allow for a collection of data in a specific area of your practice.
- Understanding the performance of your practice is critical
- If you don't measure it , you don't know what needs to improve
- Clinical audit can assess many areas, such as process, outcome and performance.

Why audit ?

- Help us understand the care we deliver to patients and the service we provide to clients
- Reveal real data for the practice about areas that work well and areas that need improving
- Encourage the incorporation of EBVM into practice
- Improve ourselves professionally
- Improve outcomes & the care we give to our patients

Benefits of Clinical Audit

- Helps to standardise care throughout the practice
- Basis to improving clinical effectiveness
- Creating positive culture in practice team
- Stimulating team discussions
- Increasing client confidence
- Complying with RCVS requirements
- Counts as CPD !

Clinical Audit – Where can it go wrong ? Common mistakes

- Wrong subject
- Too complicated
- Not well planned
- Not enough time/money
- In practice research not Audit
- **Not acting on results**

Audit and research –the differences

Research

Helps to answer the question “What is Best Practice?”

e.g. Which anaesthetic gives the best survival rate in rabbits

Clinical audit

Identifies areas in your practice that may need improvement

What is the survival rate of rabbits undergoing GA in our practice ?

Or how well do we comply with our guideline for rabbit GA

Audit vs Research

- Research generates new knowledge – Audit sees how we apply knowledge
- Research probably needs ethical approval – Audit does not
- Research generally large scale/ long time – Audit small scale short time
- Research statistical significance of results - Audit does not need to be statistically significant
- Research generalizable results – published – Audit locally relevant results, may be benchmarked

Which type of audit ? What do you want to know ?

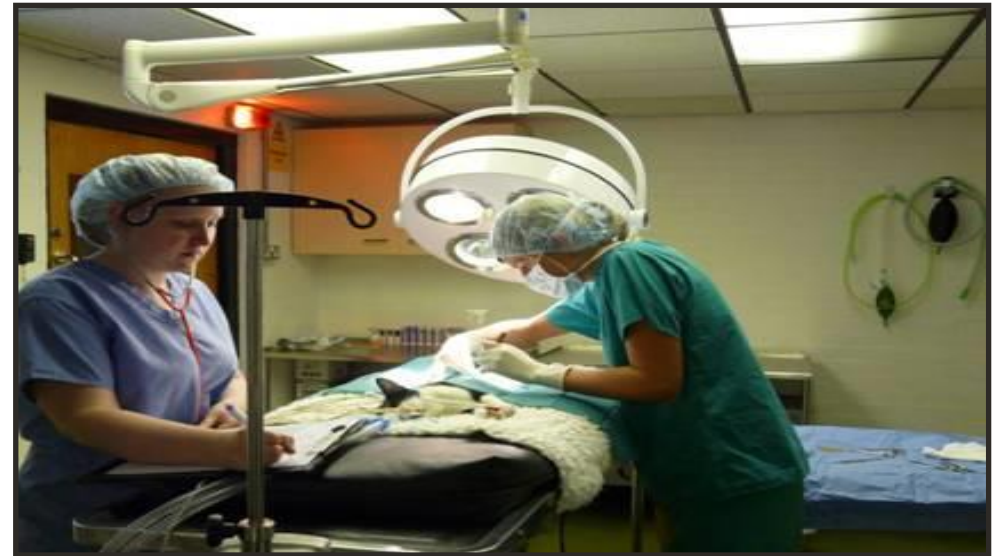
- Want to check you have the right facilities available?
- Want to look at how we do something in practice?
- Want to look at the results we get?
- Something has gone wrong (or right)
- Trying to find out the best way to do things
- **Structure audit**
- **Process audit**
- **Outcome audit**
- **Significant event audit**
- **Research (not audit)**

Outcome Audit

- Looks at the result of a procedure or treatment
- Did we achieve the result we expected?

Examples -

- Post operative infections
 - Anaesthetic deaths
 - Colt castration
-
- Look at results
 - Then implement changes if needed



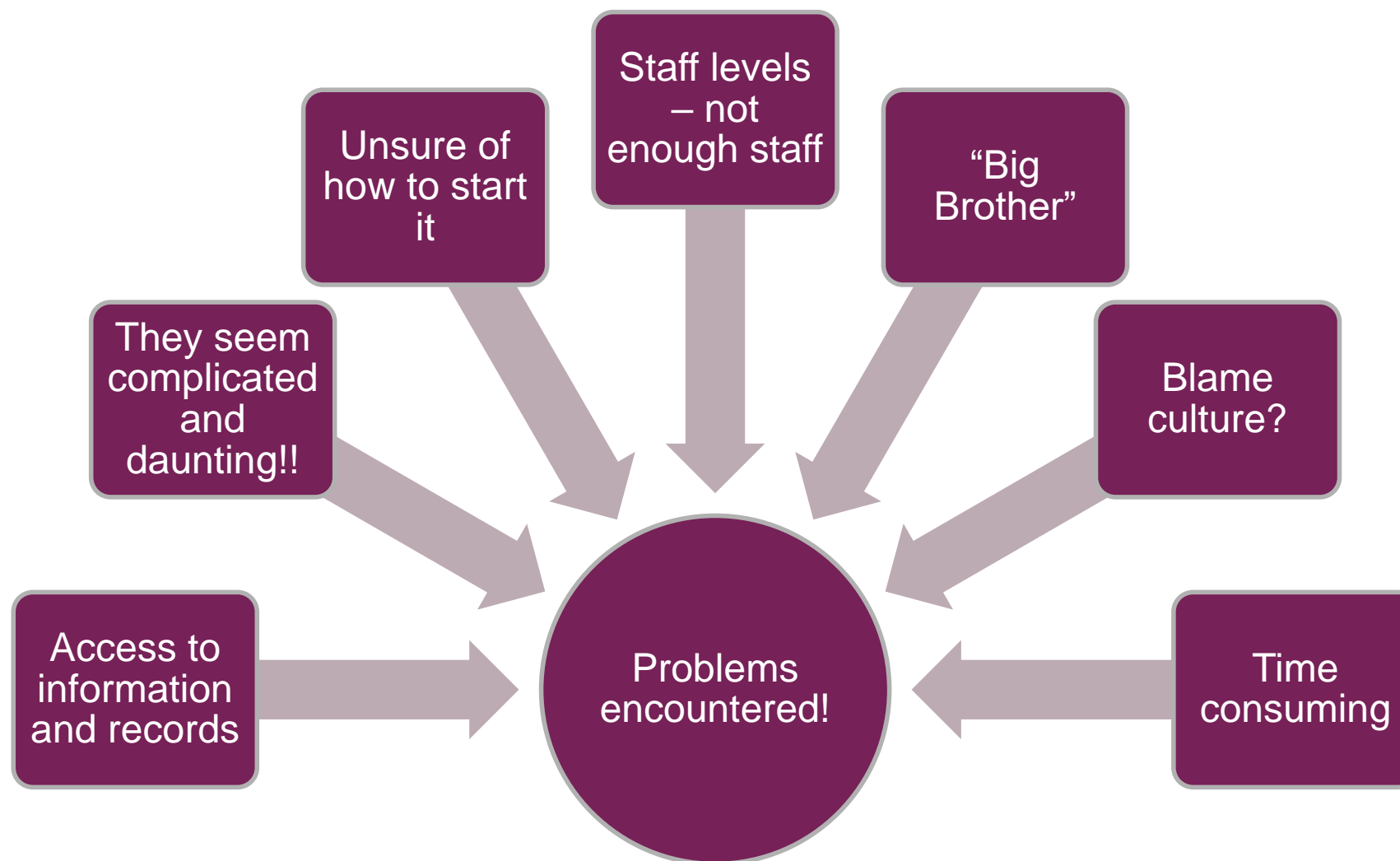
Process audit

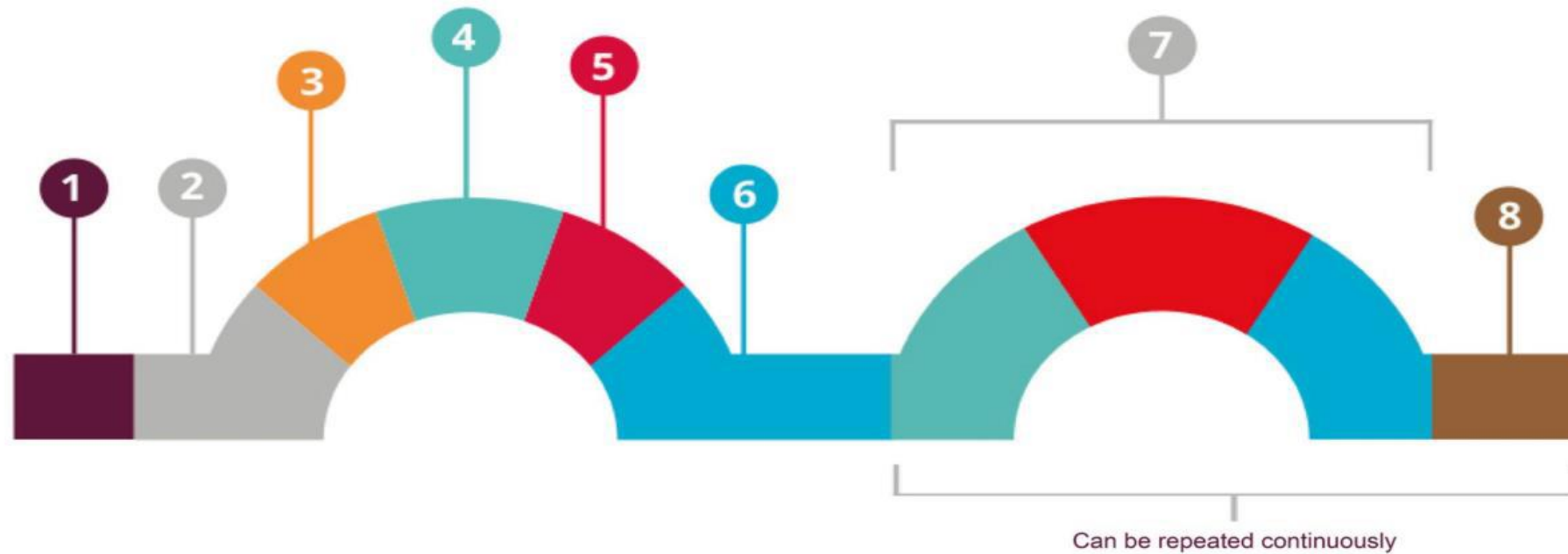
- Looks at whether procedures are being followed
- Guidelines /protocols should be evidence based
- Did we deliver the treatment in the best possible way?

Examples –

- Compliance with diagnostic and treatment guidelines for Cushings
- Team compliance with dispensing protocols
- Compliance with cleaning protocols
- If protocols not followed – look for reasons/ barriers and implement changes

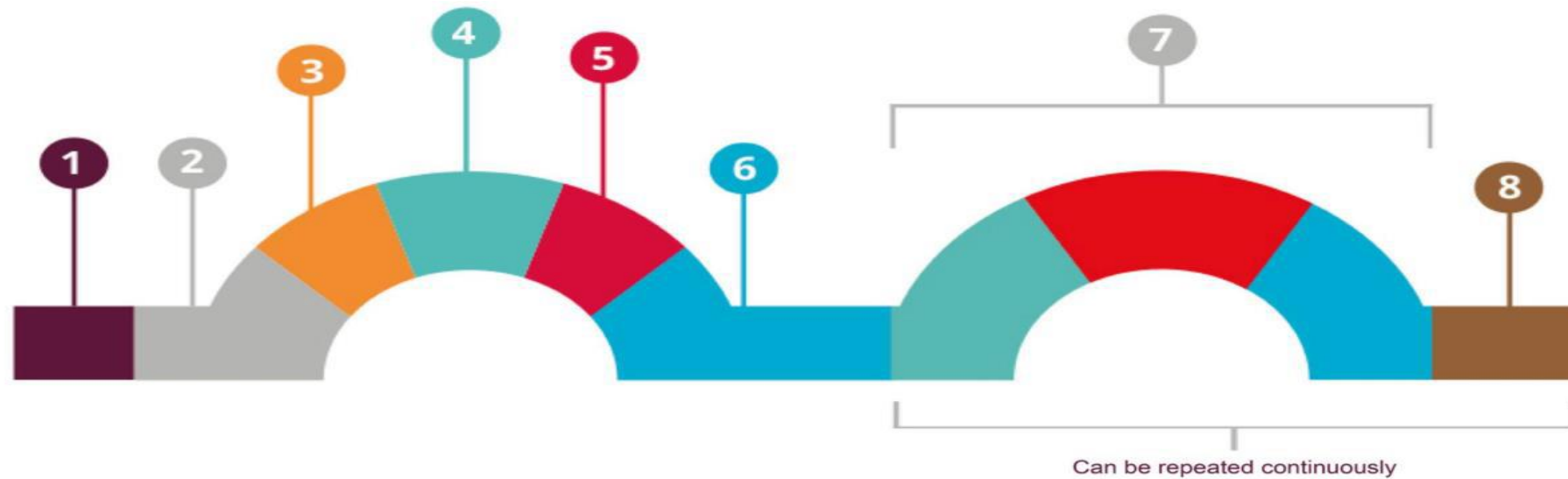







1. Choose your topic – must be relevant to your practice
2. The topic / criteria must be easily understood and measured – processes or outcomes!
3. Set a target – via benchmarking or best practice
4. Collect the data – ID who will collect, how to collect and what form
5. Analyse the data – Did you meet the target or standard
6. Implement change – what interventions can be made to assist meeting the target
7. Re-audit – repeat your audit (This could be done several times if no benefits have been seen from changes!)
8. Review and reflect – share and compare data with other practices!!

Our Audit journey!!



1. Choose your topic – The use of “Off Licence / cascade forms”
2. The topic / criteria must be easily understood and measured – process Audit and ALL staff are aware of conforming to practice policy and that of the RCVS and VMD
3. Set a target – 100%
4. Collect the data – Looking at 2 of the most common cascade products (Dectomax and Karidox) reviewing dispensing list and look at individual records
5. Analyse the data – No the target was not met
6. Implement change – better compliance form VS, ID cascade drugs, PMS linked forms
7. Re-audit –
8. Review and reflect –

A process audit carried out to identify if Veterinary Surgeons were completing Cascade forms when dispensing any Off-licence medication

<div>  <div> Process Audit - Use of Cascade forms </div> </div>	
<div> <div> OFFICE: General Robert Bond Alicia Cheryl PDS 4010 Tel 01274 40100 Email: office@gilliver.co.uk www.gilliver.co.uk </div> </div>	
<div> <div>What would you like to improve?</div> <p>A process audit carried out to identify if Veterinary Surgeons were completing Cascade forms when dispensing any Off-licence medication.</p> </div>	
<div> <div>How will you measure improvement?</div> <p>We will run a simple report to list which patients have been dispensed the top two selling off licence products, these will be Dectomax and Karidox. A report of these will be created using the PMS and then each patients record will be checked to ascertain if a form was completed.</p> </div>	
<div> <div>What will your target for improvement be?</div> <p>As per the RCVS guide to professional conduct and recommendation of the VMD ideally 100% of all medications dispensed under the cascade should be made clear to the customer and their consent obtained in writing.</p> </div>	
<div> <div>Who will form the practice team responsible for driving change?</div> <p>Head of dispensary and PSS in practice will run the Audit and encourage team members to adhere to practice requirements</p> </div>	
<div> <div>Data collection</div> <div> <div>Will you be collecting the data retrospectively – yes</div> <div> </div> </div> </div>	
<div>How will data be collected?</div>	<div>Data will be collected by looking back through the client records following a report as to who had been dispensed off licence medication and looking at the percentage of those had forms signed.</div>
<div>Date range for the data collection:</div>	<div>3-month period 01.08.19 – 31.10.19</div>
<div>Date when the data will be analysed:</div>	<div>8th November 2019</div>
<div> <div>Clinical Audit Template v5 : 13/06/2019</div> <div> Template provided by RCVS Knowledge www.rcvsknowledge.org/quality-improvement </div> </div>	

Data analysis	
<div>Date of data analysis:</div>	<div>08.11.19</div>
<div>Was the target met?</div>	<div>This was the first audit completed looking at the amount of cascade consent forms used. The results were very disappointing. A total of only 6% of customers where requested to sign a consent form.</div>
<div>Were there any barriers to meeting the target?</div>	<div>Veterinary Surgeons do not feel they have sufficient time to complete forms and simply do not remember to get them filled in!!</div>
Implement change	
<div>What intervention will assist in meeting the target?</div>	<div>Veterinary Surgeons to have time allowed to complete the forms and to have reminders to help them make it a routine process!!</div>
<div>What needs to be done to implement the change?</div>	<div>Ensuring VS have adequate supplies of forms in their vans and that the forms have minimal areas to fill in to be less time consuming. The use of Cascade stickers (found on BEVA website) on all items that will be prescribed under the cascade to act as a reminder. A flag system on the PMS to highlight cascade items are being dispensed. Possibly identify a different system to get forms signed??</div>
<div>Review date:</div>	<div>3 months</div>
CYCLE 2 – RE-AUDIT	
Data collection 2	
<div>An interim audit was carried out to see if the initial audit had highlighted the poor response from VS to follow practice recommendations</div>	
<div> <div>Clinical Audit Template v5 : 13/06/2019</div> <div> Template provided by RCVS Knowledge www.rcvsknowledge.org/quality-improvement </div> </div>	

Date range for data collection: 01.11.19 – 30.11.19

Date when the data will be analysed: December 2nd 2019

Data analysis 2

Date of data analysis: 02.12.19

Was the target met? Unfortunately, 100% of patients dispensed Medication on the cascade did not sign a consent form. However, during the interim period the amount had dramatically improved whereby 22% had been asked to sign consent. This is a 16% improvement.

Did the change made in cycle 1 affect this? Yes

Explain: Looking a little deeper into the results it was apparent that only 30% of the VS complied with requesting consents forms are signed, thus they have carried the results. However, this is a step in the right direction and it highlights that it is non-compliance that causes the greatest barrier. Items are clearly labelled to act as a prompt for VS, forms are supplied with minimal areas to complete.

Implement change 2

Is there a need for further interventions? Consider when the audit cycle should be repeated again (and if so, when).

What intervention will assist in meeting the target? The results will be Emailed to all VS and further discussed during the next clinical meeting. This can only improve with compliance!

What needs to be done to implement the change? To implement change and for a person to adhere to change takes time and will become routine automatically over time. The main thing is that we have improved and will hopefully continue to do so! It was suggested that Consent forms are posted to clients once the product has been dispensed but this defeats the

object that consent is gained prior to the patient being given the product???

Review date: 6 months' time

Review and reflect

The findings of the repeat clinical audit indicate that the initial interventions were beneficial and that some of Veterinary Surgeons are trying to improve gaining consent. This does need the policy to be supported from the top and for senior staff to explain to other staff members that this is a requirement of their role!

A process Audit for ascertaining if Dispensary protocol is being adhered to?

Process Audit - Dispensing



Gilliver Veterinary

OFFICE:
Gorsewood
Bulwer Road
Andover
Charley
PMB 9025
Tel: 01327 49382
Email: office@gilliver.co.uk
www.gilliver.co.uk

What would you like to improve?

An audit to ascertain if the Dispensing protocol is being followed. This Audit will highlight correct dispensing procedures including checking and counter signing medication labels prior to dispensing and also the number of customers who signed upon receipt of their medication

How will you measure improvement?

Each customer upon collection of medication is requested to sign and date a dispensing file as evidence that they have received them. Medications are placed in a collection box on reception once prepared and the dispensing labels should be signed and counter signed by a second person who has checked the label against the medication to be dispensed. This record will be checked against the PMS to see who had signed for medications

What will your target for improvement be?

Ideally in relation to the RCVS code of Professional conduct and the VMR 100% of medications dispensed should be checked, the audit will highlight what improvements are required to reach this target

Who will form the practice team responsible for driving change?

Charlotte Hartley (clinical Coordinator / RVN) will head the audit as sole charge for the dispensary. The Receptionist and Vet surgeons must all be willing to implement any change required.

Data collection

Will you be collecting the data retrospectively – yes

How will data be collected?

Data will be collected by looking back through the file and the PMS

Date range for the data collection:

Jan 2019 – July 2019

Date when the data will be analysed:

August 2019

Data analysis

Date of data analysis:	09.08.2019
Was the target met?	No – 42% of drugs dispensed had not been signed for, thus stipulating that the medications had not been discussed with the client and protocols not followed correctly!
Were there any barriers to meeting the target?	Reception being very busy, Vet Surgeons being out of practice

Implement change

What intervention will assist in meeting the target?	. All requests for medications must be put on the client's records immediately and the label printed. This MUST be placed on the medication and initialled by the person preparing. This will be placed in the collection box along with the receipt form that must be signed for on collection
What needs to be done to implement the change?	Staff to adhere to the dispensing protocol to improve the number of items dispensed being signed for
Review date:	01/11/2019

CYCLE 2 – RE-AUDIT

Data collection 2

Repeat the data collection phase as carried out in cycle 1. Click here to add any comments.

Date range for data collection:	Aug 2019 – Nov 2019
Date when the data will be analysed:	22.11.19

Data analysis 2

If no beneficial change has been observed, implement a new change and repeat the cycle. This cycle can be repeated continuously if needed.

Date of data analysis:	22.11.19
Was the target met?	The target to improve was met and increased and now 22% of items dispensed had not been signed for.
Did the change made in cycle 1 affect this?	Yes, but still room for improvement
Explain:	The dispensing protocol has been implemented yet barriers are still stopping staff from following it!

Implement change 2

Is there a need for further interventions? Consider when the audit cycle should be repeated again (and if so, when).

What intervention will assist in meeting the target?	Yes – The protocol for dispensing medication needs to be changed to help avoid mistakes and ensure all items are checked and signed for
What needs to be done to implement the change?	The Practice has now implemented a Vet in practice to ensure that all Medications can be signed off by them (as well as other things!) Medication requests will be dealt with immediately and put on the patient's record. The medication will be labelled and the person preparing the medication will initial the label and place in a check box for the Vet in practice to check again and also initial the label. This will then be placed in the dispensing box on reception and a dedicated receptionist will hand out the medication and request the client to sign for the preparation.
Review date:	Review in 6 months' time

Review and reflect



Nov 19

Data analysis

Date of data analysis:	22/11/19
Was the target met?	No – 78 castrations performed, 3 under GA with 65 standing. Overall complication rate 26.9%. Castrations performed under GA had 15% suffering some kind of complication. Standing castrations 29%. 36% received antibiotics.
Were there any barriers to meeting the target?	No consistency from VS in castration protocol, customer requests for castrations to be carried out throughout the year and the practice in agreement.

Implement change



What intervention will assist in meeting the target?	Reduce the use of Post-operative antibiotics to only cases where contamination is compromised – aim to bring down to 25% of all castrates. Avoid castrations in mild or hot weather when wet and warm with high fly presence. Implement pre-op antibiotics at 30 mins pre surgery on the new protocol, harmonise discharge medication and education of discharge instructions. Aim to reduce complication rates to 22% for all standing castrates and 10% for all GA castrates (taking into consideration we are not in aseptic conditions)
What needs to be done to implement the change?	VS to adhere to the castration protocol implemented and castrations only to be carried out during the winter months
Review date:	01/11/2020

CYCLE 2 – RE-AUDIT

Data collection 2

An ongoing audit!!



Still to complete!!

Repeat the data collection phase as carried out in cycle 1. Click here to add any comments.

Date range for data collection: Click here to enter text.

Date when the data will be analysed: Click here to enter text.

Data analysis 2

If no beneficial change has been observed, implement a new change and repeat the cycle. This cycle can be repeated continuously if needed.

Date of data analysis: Click here to enter text.

Was the target met? Click here to enter text.

Did the change made in cycle 1 affect this? Click here to enter text.

Explain: Click here to enter text.

Implement change 2

Is there a need for further interventions? Consider when the audit cycle should be repeated again (and if so, when).

What intervention will assist in meeting the target? Click here to enter text. This often includes the development of guidelines, protocols and checklists. Assistance in creating these can be found at www.rcvsknowledge.org/quality-improvement/tools-and-resources

What needs to be done to implement the change?

Review date:

Review and reflect

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 |

A process Audit to investigate if Veterinary Surgeons where following practice protocol that suggests all Dental procedures must have dental charts filled in

Process Audit - Use of Dental Charts



Gilliver Veterinary

OFFICE:
Garnock
Baker Road
Garnock
Fife KY11 4JY
Tel: 01527 40300
Email: office@gillivervet.co.uk
www.gillivervet.co.uk

What would you like to improve?

A process audit carried out to identify if Veterinary Surgeons where completing dental charts for all dental examinations. Dental charts where implemented to ensure continuation of care between appointments and act as a form of clinical history

How will you measure improvement?

We will run a simple report to list which patients have had a dental procedure. A 1/3 of all these will be randomly selected. Using the list the patient records will be looked at to see if a dental chart was completed and scanned onto the patient records to form clinical history

What will your target for improvement be?

In June 2017 Gilliver Veterinary implemented the use of dental charts and so 12 months following this the audit will highlight compliance to this request

Who will form the practice team responsible for driving change?

Kathleen Hennessey MRCVS completes the majority of dentals in practice and has a keen interest in Dental and oral examination therefore is an ideal candidate to look at this audit. As senior Veterinary Surgeon she is a role model to all staff.

Data collection

Will you be collecting the data retrospectively – yes

How will data be collected?

Data will be collected by looking back through the client records following a report as to which dental procedures where recorded using dental charts

Date range for the data collection:

01.04.18 – 01.10.18

Date when the data will be analysed:

Oct 18

Data analysis	
Date of data analysis:	01.10.2018
Was the target met?	This was the first audit completed looking at Dental records and so the objective was to ascertain % of completed charts in comparison to dental carried out. It was found that 57% of dental procedures had been followed by a scanned dental chart. It was suggested that an improvement of 25% as the initial finding is unsatisfactory as all Dentals should have an accompanied chart.
Were there any barriers to meeting the target?	Veterinary Surgeons not following new guidelines and not used to the routine of completing forms. Vet surgeons feeling time constraints in filling out forms
Implement change	
What intervention will assist in meeting the target?	Veterinary Surgeons to have time allowed to complete the forms, new forms that have easier to follow guides and carbon copies for clients
What needs to be done to implement the change?	The Veterinary Surgeons all reported the time each individual required to complete a routine dental and those appointments where given sufficient time allowances on the diary. A newly designed carbon copy pad was designed and created with images of the skull and dentistry to enable the form to be completed easier and a copy left with the client.
Review date:	12 months

CYCLE 2 – RE-AUDIT

Data collection 2	
Repeat the data collection phase as carried out in cycle 1. Click here to add any comments.	
Date range for data collection:	01.05.19 – 01.11.19
Date when the data will be analysed:	November 19
Data analysis 2	
If no beneficial change has been observed, implement a new change and repeat the cycle. This cycle can be repeated continuously if needed.	
Date of data analysis:	19.11.19
Was the target met?	Yes – 84% of all dentals had dental charts scanned onto the patient clinical records. Looking in depth it was noted that this figure was affected by 2 new staff members who had a 50% and 74% of their total work. Existing VS had 96% of their cases and these where all dentals carried out secondary to other procedures whilst in practice!
Did the change made in cycle 1 affect this?	Yes
Explain:	The two vet surgeons with lower compliance are both new graduate vets that have not been with the practice long and so are not as confident in carrying out the procedures. Therefore they may lack time and knowledge. It has been agreed that they will be given a buddy system until their confidence grows. They also have had the procedure reiterated to them
Implement change 2	
Is there a need for further interventions? Consider when the audit cycle should be repeated again (and if so, when).	
What intervention will assist in meeting the target?	See above
What needs to be done to implement the change?	Buddy Systems to be implemented and further training / CPD to be attended by the new recruits

Review date: 6 months' time

Review and reflect

The findings of the repeat clinical audit indicate that the initial interventions where beneficial and that the Veterinary Surgeons are providing a good standard of dental care to the patients and clients will feel happy with the service provided. It does highlight the support that newly employed staff requires and hopefully they too will improve their work and follow the required guidelines.

Explore our site PROFESSIONALS ANIMAL OWNERS FIND A VET RCVS KNOWLEDGE

RCVS KNOWLEDGE

HOME ABOUT US NEWS & EVENTS LIBRARY EVIDENCE QUALITY IMPROVEMENT HISTORY GRANTS & AWARDS SUPPORT US SHOP

Home / Quality Improvement / Resources

Resources

We've been working with our Quality Improvement Advisory Board to develop resources for busy veterinary teams to make a start with continuous quality improvement in their practice.

We hope that these tools, which include courses, guides and case studies, will help veterinary teams to embed evidence-based veterinary medicine into an afternoon's consultation in a manner that supplements and supports clinical decision making.

We are constantly adding more resources. If you would like to stay up-to-date with new tools as they become available, please let us know.

Guidelines

Clinical audit

Significant event audit

Checklists

Benchmarking

Videos, Podcasts, References and more

QUALITY IMPROVEMENT

Resources

Commentaries

Our commitment

A Course on Clinical Audit

A Short Course on Creating Guidelines

A Short Course on Significant Event Audit

Take Part - Submit a Case Study

Explore our site PROFESSIONALS ANIMAL OWNERS FIND A VET RCVS KNOWLEDGE

RCVS KNOWLEDGE

HOME ABOUT US NEWS & EVENTS LIBRARY EVIDENCE QUALITY IMPROVEMENT HISTORY GRANTS & AWARDS SUPPORT US SHOP

Home / Quality Improvement / Resources / Clinical audit

Clinical audit

Clinical Audit course

This course will show you how to assess clinical care and identify any areas for improvement.

The Clinical Audit Walkthrough

This walkthrough will take you through the key stages involved in performing a clinical audit in your practice.

Clinical Audit Template

This template will assist you in performing a clinical audit in your practice. (Once downloaded, please 'save as' and reopen from saved location.)

vetAUDIT

Take part in a simple audit to measure post-operative complications of neutering. Share your data anonymously with others and find out how you are performing.

Share Print

YOU MIGHT ALSO LIKE

Major research into QI in the profession launched

Mar 2019

Complication rates of neutering revealed in national audit

Nov 2018

Veterinary Evidence awarded DOAJ Seal

May 2018

RESOURCES

MORE FROM 'QUALITY IMPROVEMENT'