Clinical Audit Case Example: Monitoring post-operative complications

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 ongoing 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 use.

Can be repeated continuously
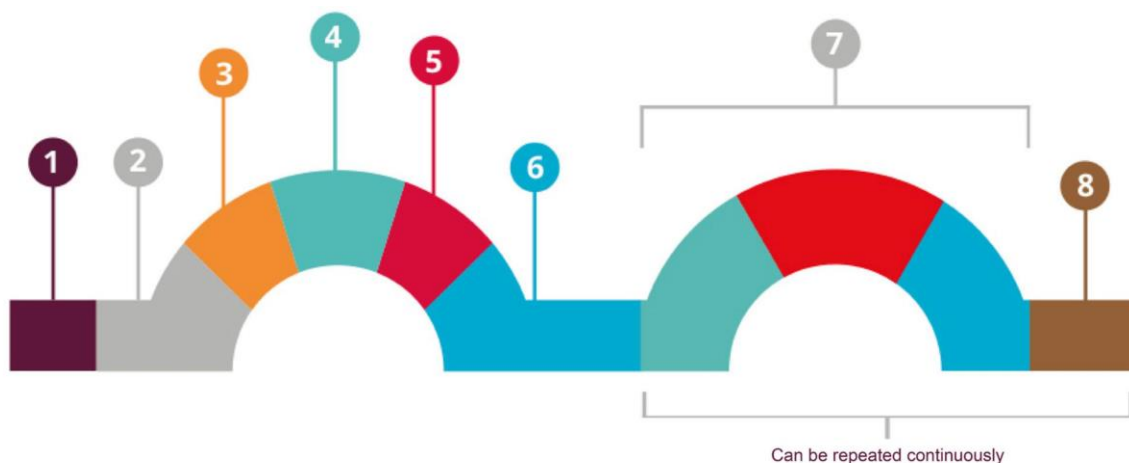
1. Choose a topic relevant to your practice

The topic should be amenable to measurement, commonly encountered and with room for improvement.

In this case, the practice wanted to audit their post-operative complications to compare their score against the benchmark.

2. Selection of criteria

Criteria should be easily understood and measured.

To start with, only neutering complications were included in the audit.

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 (benchmark) of the practice.

4. Collect data

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

Post-operative complications were recorded at the patient's post-operative check. This data was then pulled from the system by the night team.

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 that only 6% of neutered patients had a post-operative complication, and 1% of these required treatment.

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.

The complications that were found will be analysed and discussed so that any changes can be implemented.

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.

The audit is completed continually, however once any changes have been decided on and implemented, a repeat audit will measure their impact.

8. Review and reflect

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

The findings are reported to the team on a regular basis.

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Section B: Monitoring post-operative complications in practice

Name of initiative: Post-operative complication clinical audit
Initiative start date: 19th November 2018
Submitted by: Sara Hillyer

Introduction

This clinical audit was carried out as part of the practice application to the IVC Clinical Board's Patient Safety Award. We wanted to assess our post-operative assessment (POA) scores in order to benchmark ourselves against other IVC practices and identify any areas for improvement. Post-operative assessments are made at 2-3 days and 10 days post-operatively, we score patients on a scale from 1-5 indicating the presence of complications as shown in the table below. We decided to include only routine neutering procedures in our first clinical audit.

POA 1	No Complication Reported
POA 2	Complications Noted, No Treatment Required
POA 3	Complications Noted, Medical Treatment Required
POA 4	Complications Noted, Surgical Treatment Required
POA 5	Complications Resulting in Death

Aims

1. To gather data for benchmarking to ensure our POA were above average
2. To identify the most common complications post-operatively and investigate ways to prevent these complications

Actions

A computer programme was built into our voyager system so that every time a post-operative consult is completed, the vet or nurse is asked to tick a box to assign a post-operative grade. This data is then collated by our night staff if and when they have time. The data is presented regularly at clinical meetings and any cases of POA 4 or 5 are discussed under our difficult cases section.

Results

Our audit revealed only 6% of our neutering procedures had a complication post-operatively and only 1% required treatment.

We were able to benchmark this data against data from other IVC practices and were happy to see we were above average for all of our POA scores, identifying us as having less complications than average.

Comment from RCVS Knowledge: Practices can use www.vetAUDIT.org to benchmark themselves on a national level. Submitting data to vetAUDIT ensures that the national benchmark is kept current and is as accurate as possible, allowing you to be able to identify where improvements can be made.

Impact of intervention

We are now in the process of analysing this 6% to compile a list of the most common complications and determining protocols we can put in place to help prevent these complications.

We are also planning on conducting further audits using the data we have collected from our dental and lump removal procedures to help with quality improvement in all areas.

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