

Clinical Audit Case Example: Antibiotic use for dentals by Kay Lockwood

Section A: The eight stages of a clinical audit

Clinical audit is a process for monitoring standards of clinical care to ensure care 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 continuously improve. 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.

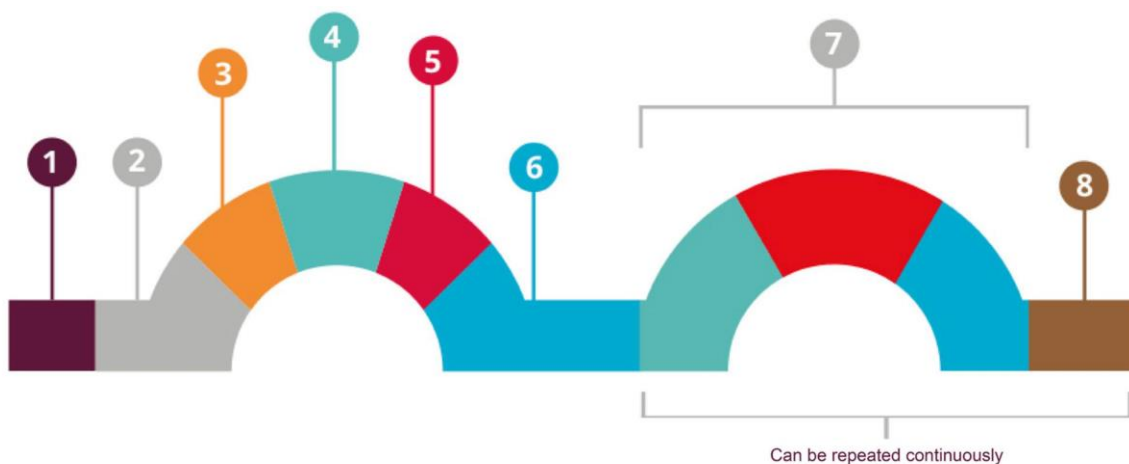
It is used:

- ⇒ 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 a 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 place.



1. Choose a topic relevant to your practice

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

After a CPD event, the practice decided to review their use of antibiotics for those animals that had had surgical extractions.

2. Selection of criteria

Criteria should be easily understood and measured.

Patients with dental extractions were audited and scored to see if they were given antibiotics as a routine, or not.

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.

4. Collect data

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

Retrospective data was collected from the PMS report

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 the discussion to the entire team to identify.

The initial audit results 87% of patients who had dental extractions were given antibiotics.

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.

Information from the CPD was shared with the team via an in-house talk and training session.

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 repeat audit showed a decrease in the use of antibiotics by 88%.

8. Review and reflect

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

Results are fed back to the team regularly.

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Section B: Clinical audit in practice, using antibiotic use for dentals as an example

Name of initiative: Antibiotic use for dentals audit
Initiative start date: June 2018
Submitted by: Kay Lockwood RVN



Introduction

Riversbrook Veterinary Group is a two-site small animal practice, made up of 8 vets (6 FTE) and 6 RVNS. I became practice director in November 2016, and since then I have continually looked for ways to improve not only the practice on a business level, but to improve the clinical standards and ensure that patients receive the best care at a first opinion level. Some areas that have been improved were not necessarily issues, nor were they involved with adverse situations, however during audits and inspections they were highlighted for improvement.

Clinical governance meetings are held monthly to discuss cases (on occasions these meetings are held more regularly, including mortality and morbidity cases), audits, ways to improve the clinical standard, recent journal articles, and CPD that the team has completed.

Aims

In December 2018, following a course that one of the veterinary surgeons attended, we decided to review our use of antibiotics for those animals that had had surgical extractions. Previously we injected our patients peri-operatively and sent our patients home on a short course of Clindamycin.

During the course, it was reinforced that this is not an appropriate use of antimicrobials and should be addressed.

The aim was to obtain a benchmark for the practice, and see what we could improve on.

Actions

We completed a retrospective audit, running off records from the PMS system from June 2018 to December 2018.

Results

We found that between June and December 2018, 87% of patients who had dental extractions were given antibiotics.

We made the recommendation to the veterinary surgeons that antibiotics should not be routinely used and should only be used where an infection is evident or there is sound clinical reasoning to do so.

The surgeon who went on the course hosted a clinical talk and went on to assist the rest of the team with their techniques; we also encouraged the use of Hexarinse postoperatively.

Between January and June 2019, we found an 88% decrease in the use of antibiotics.

Between January and June 2020 no patients were routinely sent home with antibiotics if there was no clinical evidence.

Impact of intervention

As a practice that supports new graduates, we wanted to ensure that there were clear clinical guidelines. With support, the team developed guidelines for a multitude of conditions. These guidelines have been an invaluable learning tool for both new graduates and experienced vets (including locums), allowing them to quickly and easily identify treatment options for owners and provide information sheets for clients. It also ensures that clinical standards are consistent for all clients, however it is important to highlight that vets do have clinical freedom to follow what is best for that individual patient.

This audit has inspired the team to look at the use of antibiotics in other areas of the practice.



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