

Clinical Audit Case Example: Post-operative temperature audit by The Laurels

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.

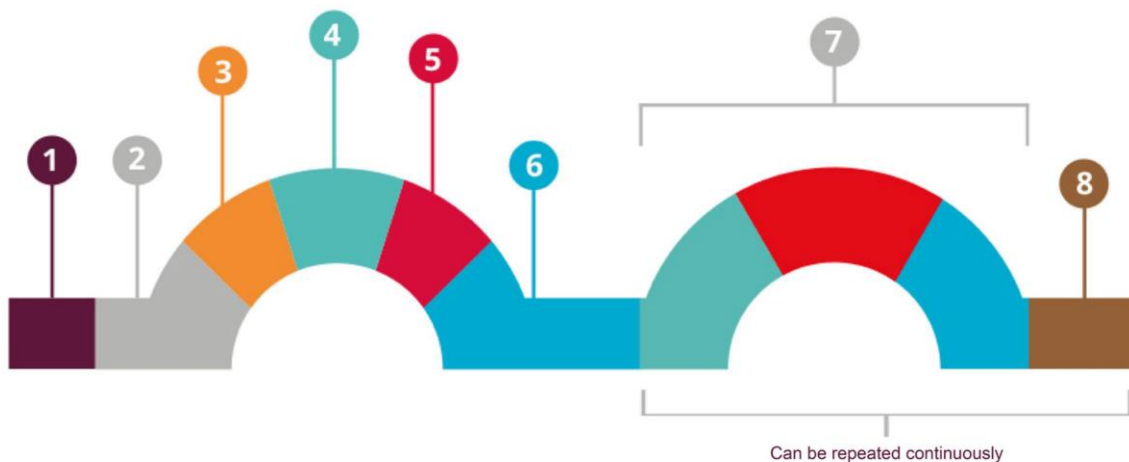
It is used:

- ⇒ 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 practice.



1. Choose a topic relevant to your practice

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

The team decided to audit whether post-operative temperatures were being recorded for their patients.

2. Selection of criteria

Criteria should be easily understood and measured.

The team retrospectively checked the forms for patients and recorded if a temperature had been taken 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.

Data was collected retrospectively from the previous month. We chose 15 patients at random.

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 from the entire team to identify.

The initial audit results showed that only 13% of the patients had their post-operative temperature recorded.

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 kennels nurse had the overall responsibility to ensure that post-operative temperatures were taken. Checklists were also created, and an extra column was put on the day board to remind the team.

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 was repeated after three months, this showed an increase to 100%.

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 regularly.

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Section B: Clinical audit in practice, using post-operative temperature as an example

Name of initiative: Post-operative temperature audit
Initiative start date: February 2019
Submitted by: Sandra Hunt



The Laurels
Veterinary Group

Introduction

The Laurels is a three vet, small animal practice over two sites in Herefordshire, one in Hereford and one at Ewyas Harold. As a team we believe in reinvesting in our practice, whether it is with new pieces of equipment to enable us to do the best possible job we can for your pet, or attending courses to update our knowledge and keep abreast of all the new treatments and procedures available.

We are a veterinary nurse training practice, working closely with colleges to help produce qualified nurses for the future. The trainees work alongside our Veterinary Surgeons, qualified nurses and long-established members of staff who help train and mentor them. We are also an RCVS (Royal College of Veterinary Surgeons) accredited practice, meaning we've volunteered to undergo a rigorous inspection by a qualified inspector, which will be repeated every four years. The accreditation has been established to provide a quality assurance framework to promote and maintain the highest standard of veterinary care. We are also a Weight Management Centre and won The Royal Canin Practice of the Year 2017, although we are only a small practice, we strive to improve every aspect of what we do for the care and safety of the patient.

Aims

We recently undertook a series of tasks with the aim of quality improvement. We wanted to reduce the risk of hypothermia during operations and on recovery. Our objective was to ensure that every animal had its body temperature monitored post-operatively and that this was recorded on the client records, therefore allowing an action required to be given.

Actions

For the initial audit, we took a cross-section of consent forms from the previous month, across different days, different patients and different operations to see if the temperature had been recorded.

Results

The first audit, completed in February, revealed that only 13% of patients had their temperature taken post-operatively. Once we had these results, we held a meeting to discuss the importance of monitoring temperature. We also produced a checklist for the team and added an extra column on the day board as a reminder. The kennel nurse had the overall responsibility to ensure the temperature was taken and recorded.

A repeat audit was performed in June. We took another 15 random operations, which showed that 100% of them had their temperatures taken and recorded. We now feel this has become part of the routine. Not only do we monitor the patient for body temperature, we also monitor and record pain scores. We did this before, but not recorded so this is a much more accurate way of making sure post-operative recovery of the pet is as safe and pain-free as possible.

Impact of intervention

The introduction of Quality Improvement has had a significant benefit to all our patients, as we have massively improved our clinical standards, so each and every patient is getting exactly the same care, all the information is recorded so it can be spot checked ensuring standards do not slip. We have checklists for all aspects of care to help the team maintain the standard, and they are also a useful tool for any new member to run alongside their training. The QI has also helped our whole team consider what we are striving to achieve - best clinical standards and, most importantly, consistently maintaining them. The comments that we have had from the nursing team is that they now feel proud of what they are doing, this is down to everybody recognising a need for improvement, working together as a team to implement changes required and ensuring the changes are maintained. To cover the extra work involved, we charge a hospitalisation day-case charge of £10 per patient. The nursing team also explain to the owners on admittance all the checks we make to inform them of the patient safety initiative to help with client bonding and also as a reassurance at a very stressful time.

As a small team, everybody has been involved in the Initiatives. This has been done in discussion at meetings, where everybody takes ownership of the initiative to decide what the objective is and how best to achieve it in a way that is practical but still fulfilling what we want to achieve. This has worked really well within our practice, with the team really engaged in what we were trying to accomplish as it is the best for patient safety-the reason they all wanted to gain their professional qualification.



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ebvm@rcvsknowledge.org.

Clinical Audit Case Example: Post-operative hypothermia by The Laurels

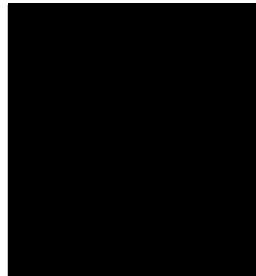
Section C: Clinical audit- Post operative hypothermia

The following documents were created by The Laurels for the monitoring of post-operative hypothermia. Attached you will find:

1. **Post-operative temperatures for February audit**
2. **Post-operative temperatures for June audit**

Clinical Audit – Post Operative Hypothermia

Project Manager:
Audit Team:



Date: 22nd February 2019

Background: We did not feel that a temperature was always being taken post-surgery, or if this was being recorded.

Objectives and Targets: Our objective in this audit was to ensure that every animal had its body temperature monitored post operatively and that this was recorded on the client records therefore allowing any action required to be given. The target to complete this task is with immediate effect. During meeting to discuss the objective we stressed the importance of the monitoring parameter and will also produce a check list for nursing staff.

Data Collection: We took a cross section of consent forms from the previous month, different days, different patients and different operations before we started and it was noted that only 2 out of 15 consent forms (13%) had the temperature recorded. With immediate effect we will add an extra column on the day board as a reminder to take the temperature but it will be the overall responsibility of the kennel nurse to ensure the temperature is taken and recorded. We will collect the data via the consent forms looking at all consent forms for the next month to ensure we are carrying out the task 100 % of the time.

Timescale: We will begin this with immediate effect and complete another audit in one month to monitor compliance.

June audit: We took another audit of 15 random operations that had been performed in June and the results showed that 100% of patients had their temperatures recorded and we now feel this has become part of our routine and has greatly improved the safety of patient recovery

Before new procedures

post op temp.

10x.

Jan - Feb.

[REDACTED] (MAN)
3/1/19 - patella luxation - X

[REDACTED]
13/2/19 - Bitch Spey - X

[REDACTED]
30/1/19 - dog castrate - X

[REDACTED]
5/0/19 - Bilateral pinna resect - X
& dental

[REDACTED]
6/02/19 - TPLO - X

[REDACTED]
23/01/19 - Lump removed @ - X
node removed

[REDACTED]
30/1/19 - GA amputate tail - X
BG: ✓

[REDACTED]
7/01/19 - Ferret Spey - X

[REDACTED]
28/1/19 - Splenectomy - ✓

[REDACTED]
18/12/18 - Amputate stump - ✓

[REDACTED]
14/1/19 - Mass removal - X

13/2/19 - Mass removal - X

19/2/19 - Eye enucleation - X

17/12/18 - Dental & flush
lacrimal ducts - X

6/2/19 - wart removal - X

Post operative Monitoring Patient Temperature
(AFTER NEW PROCEDURES)

18/6/19.

[REDACTED]

DENTAL

T 37

3/6/19

[REDACTED]

Mass removal eyelid.

T 37

14/6/19.

[REDACTED]

GA dog castrate.

T 37.1

~~21/6/19.~~

6/6/19.

[REDACTED]

GA mass removal jaw.

T 26.5

20/6/19.

[REDACTED]

GA Lab suture.

T 36.9

10/6/19

[REDACTED]

TRLO

T 36.8

15/5/19

[REDACTED]

PYO.

T 35.8.

29/5/19.

[REDACTED]

CYSTOTOMY

T 37.3

12/6/19.

[REDACTED]

DENTAL.

T 38.2

22/5/19

[REDACTED]

DENTAL

T 38.0

24/6/19, [REDACTED] PENTAL.

T38.0.

24/5/19 [REDACTED] PENTAL.

T38.4

20/5/19. [REDACTED] PENTAL

T38.3

11/6/19 [REDACTED] TPLO.

T36.8

10/5/19 [REDACTED] - DOL CASTRATE.

T37.8.