



## Knowledge Awards 2020 podcasts: Aural cytology audit

**Podcast transcript: Meghan Conroy, RVN discusses her case example, which looks at the prevalence of ear cytology performed before and after antibiotic treatment across her practices. This audit was awarded Highly Commended in the Knowledge Awards 2020.**

Hello, my name is Meghan Conroy, and I am currently the Head Nurse of five practices in and around Southampton. I work for CVS and I'm primarily based at Brooke House Vets. This is my RCVS Knowledge 2020 case example. I'm really passionate about QI. So, I really hope you enjoy this podcast and find it useful.

My Quality Improvement journey started in early 2018 when I attended an RCVS Knowledge sponsored talk by the then CVS Head of Clinical Governance, Richard Killen. If any of you have ever met Richard, he is one of the nicest, kindest, most genuine people that I've ever met. It was fascinating to think of a general practice like mine, collecting and collating data that can make huge improvements to patient and client care. I came to learn that this is what the veterinary world needed, for professionals on the ground to start a body of evidence, to raise our standards.

In my role as Head of QI for our five practices, I wanted to raise awareness of Quality Improvement. To start with, I conducted simple clinical audits so that everyone in the team could understand and build confidence in what I was trying to achieve. This in turn would encourage all team members to participate, and look at the results in a positive light. My main aim was to improve our patient care. This in turn would improve our client care, and therefore increase revenue, which could be then put back into the practice.

My three initiatives I used were clinical audits, clinical governance meetings and morbidity and mortality books, also known as M&M books. The clinical audits and clinical governance meetings were performed every one to two months. Initially it was difficult to get all the team members from the five practices together at the same time. Anyone that is still in-practice, will know of the hazards of trying to arrange a meeting at a certain time, because undoubtedly, there will be an urgent or an emergency case that requires extra attention. But we seem to achieve it most of the time.

In order to achieve continuity, we have six core members and anyone else is welcome if, and when they can make it. The team consists of registered veterinary surgeons, registered veterinary nurses and student veterinary nurses, and I hope to add receptionists into the fold too.

Each practice was given a morbidity and mortality book to aid those who didn't know how to use these, training was given and examples of how to use it. The books were then brought to the clinical governance meetings to be discussed and to find resolutions to any issues that had arisen.

They were not used to shame or blame anyone only to use the mistakes, accidents or concerns to raise awareness and to aid with prevention. Over the last year, we have had six meetings and the same number of clinical audits. We have seen an increase in education for everyone.

We've seen increased participation and a huge improvement in the clinical care. The veterinary world is ever-evolving. And I wanted our group of practices to continually develop and constantly reflect on how we practice. To allow others to question each other, not in a critical way, in a way that encourages us to

use evidence, to support decision making. I am so proud of what my team and I have achieved over the last year and the improvements we have seen. The example of QI I want to use is my internal audit on aural cytology, the antibiotic use. This was done in four of my five practices.

My fifth practice was excluded as it was a new acquisition, and I could not obtain the data. I wanted to see how often our registered veterinary surgeons will obtain in-house swabs to perform microscopy, before deciding if antibiotics were indicated. I found this audit pertinent, due to antibiotic resistance, becoming common in both the human and veterinary world. The veterinary world has come far with its reduction of antibiotic prophylaxis. There are still improvements to be made, and I felt this was one of them.

So, my QI initiative took the form of a clinical audit and each practice was given a percentage out of 200. To obtain a hundred percent the practice needed to be taking aural swabs at the first sign of ear disease of every patient. To achieve 200%, they needed to be taking pre- and post-treatment swabs to ensure treatment had been successful. Most cases indicated treatment.

There were a few that didn't, for example, those that didn't require a second swab as treatment as it wasn't indicated after the first cytology sample. Those that were considered a care were eliminated from the audit as if we were able to have taken a sample, then we would have. It's important for me that with clinical audits, we look behind the number. It's really easy for us to look at a number, especially if it's low and say that we need to improve, but actually we need to look at this more holistically and look at the contributing factors behind that figure.

So how I collected my data was through my practice management system. I searched for all consultations that had been charged for aural cytology in-house. This information was gathered from a set time-frame of one to two months, depending on caseload. I then searched for the aural antibiotics used in-house, to compare how many we were prescribing without aural cytology being done first. Six months later, I then repeated this process, to see if after training clinical discussion and awareness, if these audit figures had improved.

I looked through all the patients records that were used in the audit to see if clients were given the option of aural cytology that had refused due to the financial restraints, as these patients would also be excluded from the audit. Where I looked for guidance and resources on this issue, was RCVS Knowledge, the British Small Animal Veterinary Association and other medicine sites such as The Dechra Academy.

So, what was the outcome? So, my initial findings were that one of our practices were taking swabs before treatment was started, but many of the others weren't. However, they were still were not re-swabbing after to ensure the treatment had worked. After the initial audit, many of our vets and nurses were shocked to see how little we were doing.

Others were not as surprised because they admitted that they lacked the confidence in cytology, to carry out these tasks. This highlighted a skills and knowledge gap that we needed to address with appropriate training. This was provided internally by those veterinary surgeons who were confident in using the microscope and performing cytology. This was in the form of one-to-one meetings and group vet meetings to give them that extra training. The training also provided to the nursing team to help collect and analyse the samples, therefore improving our nursing skill set.

It was vital that a lot of these skills that we learn college or university have an important role in our day-to-day practice. After the re-audit, six months later, we saw a marked improvement in our results. So what impact did the QI methods have? There will be many benefits to the QI implementation in our practices, and only a few negatives. The negatives mainly came from historic caution and lack of trust in Quality Improvement ideas. Feeling that this may lead to a blame culture and cause disruption in clinical decision-making. Thankfully, once my team understood more about the QI initiatives and the positives

that came from this, they were fully on board. Even those who at first were sceptical couldn't disagree that using evidence-based medicine was vital for the veterinary profession moving forward. By implementing these QIs in-house, we can start slowly and build on a body of evidence, which is crucial for our patients and clients, and actually something that we could be really proud of. The improvement in ear cytology was clear. After six months of pushing aural cytology, we saw a 60% increase.

Meaning that in total, 180% of patients will receive an aural cytology pre- and post-treatment. And that we, as a practice, were ensuring those patients were fully treated with the right antibiotic and further treatment was not indicated. This means a huge improvement to patient welfare. As these patients did not have to suffer for longer than necessary as they were given the correct treatment course the first time round. We also increased our own revenue for the practice because we were not sending so many of our samples to the lab for external validation.

Our clients were charged less by us than the external lab. This meant high levels of client satisfaction. And that's the waiting times for answers as we were able to give a diagnosis at the point of initial consult. It also showed that some ear disease was not infection, but inflammation. So anti-microbials were not prescribed, meaning less antibiotic resistance in the future. Once our team saw these benefits, our aural cytology has been taken up enthusiastically and both veterinary surgeon and nurse have relished in analysing these samples. They've even started to move on to other forms of cytology, such as haematology and fine needle aspirates.

So our whole team has become incredibly QI friendly. When I started the morbidity and mortality book, clinical governance meetings and audits, I think people started to see how easy it was to communicate your concerns and resolve them without fear of ridicule. I have to say, I am the practice champion, but I am incredibly well supported by my clinical director and practice manager who are both keen for us all to continue on this QI journey.

It has helped all of us extensively, not only on cytology, but patient safety checklists, post-operation complications and nursing considerations. Our vets don't feel like they are facing the inquisition when asked about the case, but use it as a learning tool for everyone from receptionists to vet, from start to end, result in a happier, healthier patient and team. As previously said, we're not only carrying out clinical audits, but clinical governance meetings and M&M books.

Another great achievement is that I have now got other members of the team undertaking their own research or audit. For example, another fellow RVN at one of our branch practices, now has the confidence and knowledge to carry out her own audit in an area she is passionate about. This is what really makes it all worthwhile, when you see the diligence to patient and client care that can be achieved by these initiatives. Thank you very much for listening to my podcast.

I hope that this has helped you and has maybe ignited a flame for you, for QI and quality improvement. RCVS Knowledge are incredibly helpful in giving you resources to start your own area of interest and to ultimately help our patients and our clients, but also to give us greater satisfaction in our day to day working life. Thank you.

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