

Clinical Audit Case Example: COVID-19 Admission Form Audit

**Name of the initiative:** COVID-19 admission form audit  
**Initiative start date:** September 2020  
**Submitted by:** Charlotte Thomas, RVN

## Introduction

When COVID-19 hit, many policies and procedures had to be adapted to keep everyone safe whilst continuing to provide good service and good practice.

One process that changed significantly was how patients are admitted for procedures. This went from completing admission appointments in a consulting room to meeting the client and patients in the car park, discussing the procedure with the client, and obtaining verbal informed consent.

This process was working well until a patient was admitted for routine castration, but it was later identified that his testicles had not yet descended. Under normal circumstances, this would have been checked during the admit appointment but as the team member was not able to take the cat out of its carrier in the car park, this routine check was not able to be carried out.

This issue was raised with the line manager, and it was decided that audits would be carried out to identify if this was a practice-wide problem.

## Aims of the clinical audit

An audit was carried out to see how many patients were still receiving their pre-operative check-up during admission and what percentage of admission forms had been completed. This audit took place in September 2020.

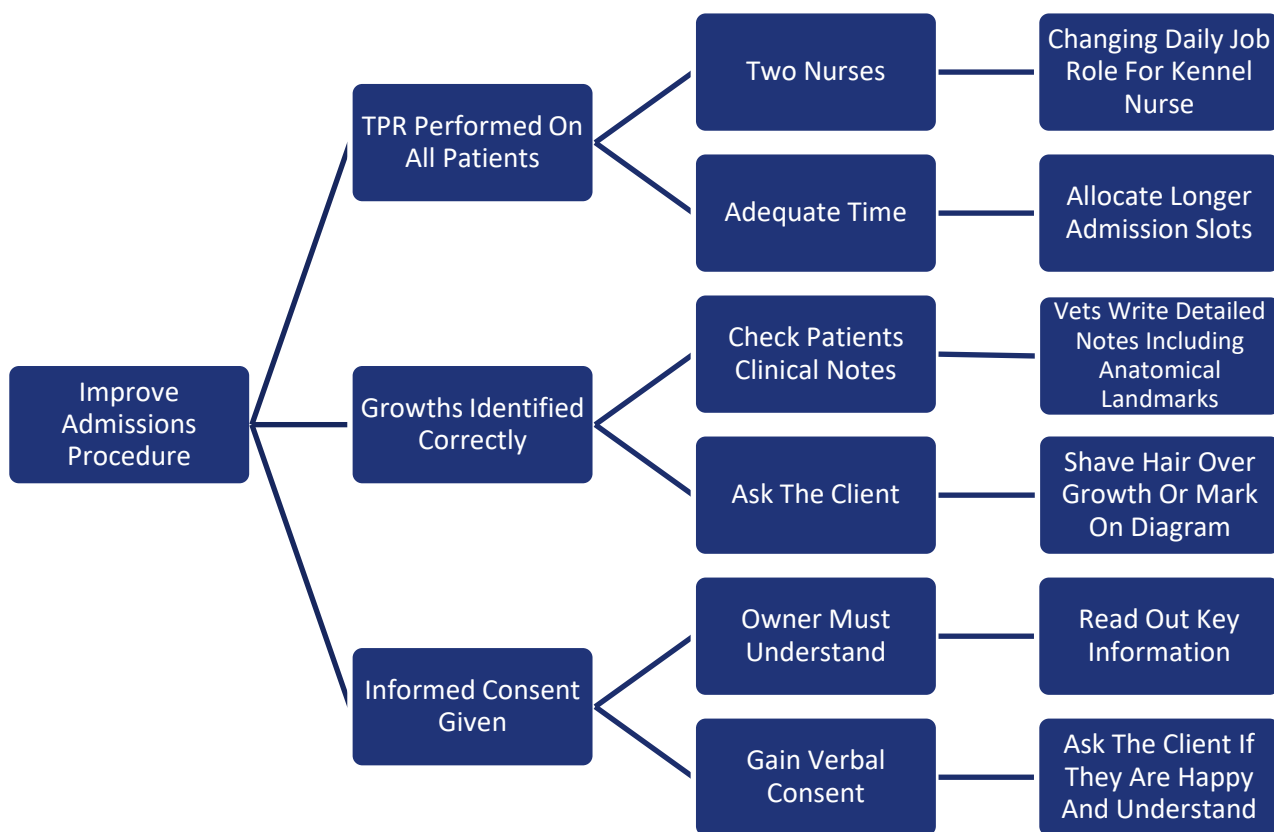
## Actions

Out of a total of 82 admission forms, only five of the forms had a record of the patients' vital signs and had been completed fully.

Discussion with the team highlighted that the forms were not being completed as they did not have room to perform the task and in other cases were not able to ask the owner to hold the pet whilst the task was performed. The team discussed new ways for admitting patients during COVID-19, and during this discussion, a request was also made for ideas on how to easily identify the growth's that were to be removed.

To gain ideas on how to improve and remodel the admissions procedure, the team were asked for their opinions on how the process could be improved and would it be achievable and sustainable. One of the practice vets came up with the idea of the dorsal and ventral diagrams for marking the growth.

The below ideas were discussed and implemented.



## Results

A re-audit was carried out at the end of November 2020, which sampled 82 admission forms.

The November re-audit demonstrated significant improvement. There had been a concerted effort across the whole team to improve. 66% of the admission forms were completed, an improvement of 60%.

Many forms were still missing respiratory rates, and occasionally the heart rate section had been completed as 'heart ok'.

The plan is for the audit results to be discussed at the next nurse meeting, where the line manager will discuss the importance of obtaining heart and respiratory rates and keeping a lookout for abnormalities. Further changes could be introduced, such as extending the admission time appointments to 15 minutes.

The audit allowed the team to identify where improvements could be made and helped identify internal training requirements. The team were educated on how obtaining heart and respiratory rates give baseline measurements. Allowing them to monitor trends should improve compliance across the board if there is a greater understanding. Feedback on results is key to ensuring buy in to the process and gaining the benefit from the audits.

Moving forward, the practice will continue to audit admission forms every two months until a satisfactory steady state is reached when the periodicity may be reduced. Procedures will be adjusted where necessary to ensure we continue to improve our standard of care.

## Impact of Intervention

By introducing an audit to tackle the issue, it avoided a blame culture, all team members are aware of the new procedure and the workload is fairly distributed. The current work culture has allowed individuals to easily identify other areas for improvement based upon their negative or positive experiences.

The reviewed standard of operating procedures ensures that patient care is to a good standard, that potential errors can be mitigated against, and the efficiency of running the practice day to day can be improved.

All team members are fully engaged in Quality Improvement and are being encouraged to complete the RCVS Knowledge CPD on auditing, so they can complete their audits.

The success of this audit has been the catalyst for other audits so that other issues can be identified and resolved.

## Summary

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.

A 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 practices, 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 wherein 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.

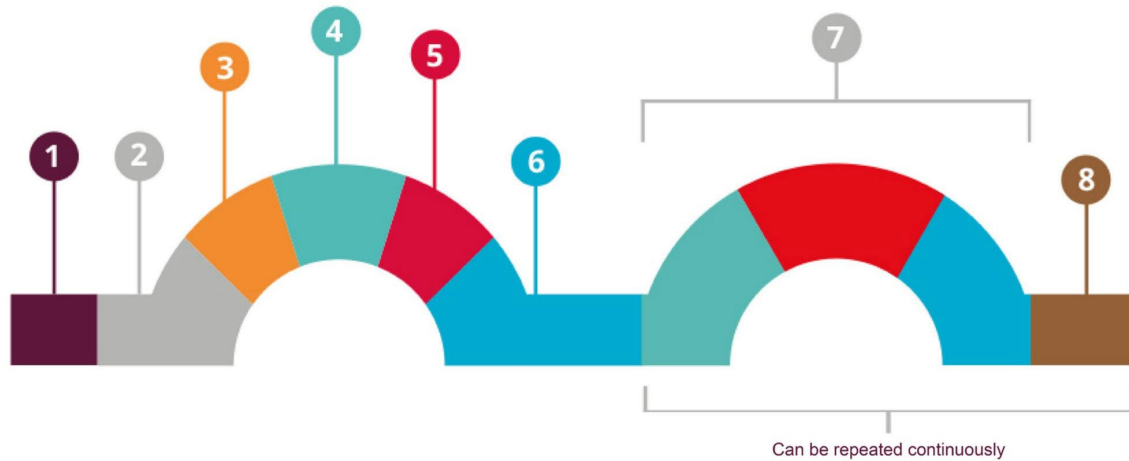


Figure 1: The Veterinary Clinical Audit Cycle by RCVS Knowledge. Available from [www.rcvsknowledge.org](http://www.rcvsknowledge.org). Developed by the Royal College of General Practitioners [www.rcgp.org.uk/qi-ready](http://www.rcgp.org.uk/qi-ready)

### 1. Choose a topic relevant to your practice

**The topic should be amenable to measurement, commonly encountered and with room for improvement.** The practice performed an audit to see how much of an issue of incomplete admission forms were and why tasks were not being completed as usual.

### 2. Selection of criteria

**Criteria should be easily understood and measured.** For this audit, 82 admission forms were audited, which was the number of admission forms in September 2020.

### 3. Set a target

**Targets should be set using available evidence and agreeing best practices. The first audit will often be an information-gathering exercise, however, targets should be discussed and set.** The initial audit was to gather a benchmark figure.

### 4. Collect data

**Identify who needs to collect what data, in what form and how.** Data was collected by the practice's veterinary nurses.

### 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.** There was an improvement of 60% when the admission forms were reaudited in November 2020.

## 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 team had numerous discussions to analyse, together, the results of the audit. A new system was put in place, allowing more time for pre-operative checks to be carried out and have assistance from other members of staff. It was agreed that the admission forms will continuously be audited.

## 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 team agreed to audit the admission forms every two months until a satisfactory steady state is reached, at this point the frequency of the audit will be reduced.

## 8. Review and reflect

**Share your findings and compare your data with other relevant results. This can help to improve compliance.** Regular team meetings are held to discuss the findings for reports and allow for discussion on how procedures can be adapted to create better results.



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