

Knowledge Natter with Lou Northway

Leanne McLeod RVN

Lou Northway:

Welcome to this Knowledge Natter by RCVS Knowledge. Here we have friendly and informal discussions with our Knowledge Award champions and those who are empowered by quality improvement in their work. Whether you're a veterinary surgeon, veterinary nurse, receptionist, or member of management, quality improvement will and can positively impact your everyday life. Listen and be inspired.

Welcome to this RCVS Knowledge Natter. My name is Lou Northway. I'm Quality Improvement Clinical Lead here at RCVS Knowledge. And, today I'm speaking with one of this year's Knowledge Award winners, Leanne McLeod from Earlswood Veterinary Hospital. Hello, Leanne.

Leanne McLeod:

Hi, Lou.

Lou Northway:

How are you?

Leanne McLeod:

I'm good. Good. Yes.

Lou Northway:

Thank you for joining me today. I know everyone is very busy, but I've been so excited about finding out more about your quality improvement project. It's a subject close to my heart, too. But, I thought we'd start off by going through your career history. I want to know about you and how you got into veterinary nursing, and where you've worked over the last few years.

Leanne McLeod:

Yes. No. Absolutely. Definitely. So, I always had from a very young age, an interest in animals. I grew up with parents who had a passion for horses, so we always had horses. Was never allowed any smaller pets, but it was something that I always dreamed of having a dog, from a very young age, which we did get then, when I was about 11. And it was really ... Yeah. I'd say from a young age, always wanted to work with animals. And, from about the age of about 13, I started to volunteer at an animal sanctuary close to home, which was more large animal, it was mainly horses. But I absolutely loved it and really loved looking after the cases that would come in that were extremely neglected. And, yeah. That's where my passion grew. It was fourth year in school that I spoke to a careers teacher, knew that I would never probably get into veterinary, because I wasn't really that keen in school and wanted to leave as soon as I could.

RCVS Knowledge Registered Office: RCVS Knowledge | First Floor | 10 Queen Street Place | London | EC4R 1BE
Correspondence: RCVS Knowledge | The Cursitor | 38 Chancery Lane | London | WC2A 1EN

T 020 7202 0721 **E** info@rcvsknowledge.org **W** www.rcvsknowledge.org

RCVS Knowledge is a registered Charity No. 230886. Registered as a Company limited by guarantee in England and Wales No. 598443.

So, I spoke to careers teacher and they had mentioned, "Oh, maybe veterinary nursing." So,, I went along to an open day in our local college, which provided actually the animal nursing assistant course and the Level 3 at the time. So, it was a year or so before I was due to leave school, but I went along and there was actually a veterinary nurse speaking that day. And, I'll never forget it, she spoke so passionately. She worked in a small animal clinic, but she just seemed to absolutely love her job. And, I knew from that stage that that's what I wanted to do. I wanted to have a career that I absolutely loved. So, yes. For the following year, then I completed a week's work experience in a veterinary clinic, which was actually a large animal clinic. And of course I absolutely loved it.

As I say, I wasn't that keen on school, but the week then I had to go back, had to present what all I'd seen. And, I think I rambled on that much the teacher had to tell me to sit down. But I just enjoyed it so much. So then, when I left school, I managed to get a placement for my animal nursing assistant course, and it was in the same clinic that I had done my work experience. So, I spent a year there, completing my animal nursing assistant course and really, really loved the large animal side of it. It was probably 50/50 practice. So, yeah. Quite rural. But, I loved it from day one. And I was really, really upset that I didn't want to leave, but it wasn't an approved clinic to continue on my training. But, I knew I had to, if I wanted to become a veterinary nurse, I had to leave. So, the next step was quite difficult in trying to obtain an approved practice. There was only a small number in Northern Ireland. And, at that stage there was only one college in Northern Ireland that was providing the course. So they were very limited, I think maybe 15 to 20 students each year.

Lou Northway:

Wow! Very competitive, then, in that case.

Leanne McLeod:

Extremely. Yeah. Most of the approved clinics, there could have been a waiting list of four or five years, which I was willing to do. But, yeah. I just remember at that sort of age, I was still probably ... Yeah. I was just turned 17. I remember visiting every single approved clinic in Northern Ireland with my CV and just waving it over the desk and hoping that somebody, somewhere would eventually agree to take me on. So, I actually did obtain a placement in a clinic, but it was quite a journey for me. It was probably about an hour-and-a-half away. So, I did actually obtain it, as I say, and was planning on moving. But, the day that I was planning on moving, I had got a phone call from, ... It was probably mainly referral clinic in Belfast, if I wanted to come for an interview for an animal nursing assistant/reception role. So, I couldn't believe it. The two kind of came at all ... Well, not really-

Lou Northway:

Gosh. Yeah. It was meant to be.

Leanne McLeod:

Meant to be.

Lou Northway:

Yeah.

Leanne McLeod:

So I, yes, went to the interview in Earlswood Veterinary Hospital at the time and managed to obtain that position. So, I spent about a year working between reception and animal nursing assistant role, before starting my journey on the Level 3 course, which, yeah, I absolutely loved it, but I found it very difficult. The balance between working full-time, and the hospital was extremely busy. Excuse me. Like most places, and working every other weekend. And, at that stage, the course was MPL-led as well. So, it was trying to juggle the MPL, revising for exams and working full time. It really was a struggle. So, I was there for about three years. And then, my practicals were coming up and I knew I just didn't have enough time working there to get my practical exam, so I did leave.

I went to a First Opinion clinic for about a year, where I obtained my practicals. But, it was the best thing that I ever done, because I felt like I was used a lot more as a nurse, rather than a student. I would've been involved with doing night shifts and sole nursing. And, I learned so much in that year. And it was actually one of the night shifts, I was sitting on the floor with a seizing dog at about, I don't know, three or four o'clock in the morning. And, I was just scrolling, I had no intention of leaving. I actually really did enjoy that practice. And, I was just scrolling through jobs or a jobs that came up and there was a position for a surgery nurse in the Queen Mother hospital. So, I thought, "Oh, maybe that sounds like something I would be interested in," and never really thought about it until the next day.

And, I did put an application form and obtained an interview and actually got the role several weeks later. So, I moved to London then and was there for just over a year. But in that year, I just learned so much. I absolutely loved the university hospital environment. I loved the students coming through. And, although I was only a new grad at the time, I was still learning, but I felt like they were learning from me as well. And I absolutely loved it. I loved all the lunch-and-learn CPDs every day, and the caseload was just fab, although most nights I did have to come and Google what medications they were on and what procedures they had, because I was still learning. But, I suppose that's how my knowledge grew. So, yeah. I was there and unfortunately it just wasn't home, so I decided to come back to Northern Ireland then after-

Lou Northway:

Full of knowledge, though. Full of knowledge and inspired. And, wanting to spread your enthusiasm all over Northern Ireland.

Leanne McLeod:

Yes. Indeed. So, yes. I came home and managed to get a position back in Earlswood Veterinary Hospital. So, I have been there since, really. And, the year that I did come home, I decided to

get an anaesthesia. It was an area that I felt that I was very nervous of, and panicked nearly every time I went into theater. But, I felt that it was because I didn't know enough. So, I spoke with my manager and my boss who is so supportive, and they had suggested maybe doing some CPD or something. I thought, "You know what? I might as well do a certificate or something that's going to benefit me long-term." So, I decided to complete the insert in anaesthesia with Improve International, and I really loved the course. Unfortunately, it was when COVID had just hit, so I didn't manage to do all the lectures, but most of them were online, anyway.

And, it was during my time with Improve, that I learned about RCVS Knowledge. I had never heard of it before. I suppose nobody else in our clinic had been talking about it, so I wasn't really aware of it. But, yes. It was one of the lecturers had discussed it and whilst doing my certificate, we had to carry out an audit. And, it was the RCVS knowledge website that I turned to for all the tools that I needed to complete my audit. So, yes. I had obtained the data during COVID time. And then, I went over to Van Spark and-

Lou Northway:

What is that?

Leanne McLeod:

Had encouraged everybody to really look into it and get involved, which is fab. I already had to have obtained the data and had the audit, and I thought, "I might as well try. I have it." And, yes. That's when I decided to submit. But, I think my results were so shocking that I definitely knew things had to change. So, yes. No. I'm going around circles now, but-

Lou Northway:

It's such a journey. You've been on such a journey, and I think it's so inspirational to hear that you started your training, you had to move around a bit. It had some pivots and some turns, but your enthusiasm and your knowledge has just, well exploded, hasn't it really, to be honest? So, as the years have gone by. And, look at you now, flying!

Leanne McLeod:

I know. I work with so many amazing nurses that every day I learn something new from them. I work in a team of probably about 18 nurses and it is a big team. And some of them nurses have been in practice 20, 30 years. One in particular I think was one of the first or second veterinary nurses in Northern Ireland. So, to know it's fab to learn from other people and every day's a school day. You learn something new.

Lou Northway:

It really is, isn't it? It really is. I think that's one of the best things about our profession, is that you do genuinely learn something new every day. And, we're so lucky to work alongside so many inspirational people. And, you say you have some vet nurses that have been in practice probably longer than maybe we've been alive. I don't know. But, wow!

Leanne McLeod:

Yeah. No doubt.

Lou Northway:

It's amazing. Yeah. So, you started doing your audit during lockdown as the COVID hit. And, you say you collected all of your data. So, let's start talking about your project for those who may not be aware. So, start from the beginning, what did you look at? What did you decide to look at?

Leanne McLeod:

Okay. So, I knew that we always did have an issue in practice, not really from obtaining data, but just vaguely looking at patients coming back on recovery. I always knew that hypothermia was an issue in our clinic, and I always said it was post-surgery is what I always said. But then, when I decided to collect the data, I just thought it would be easier rather than ... Because we were on a reduced team, it would be easier just to say that every patient that is going under general anesthetic, if we could just get a pre and post-temperature, check and just have all in one sheet that I can have a look at and see if we do really have an issue. So, yes. Originally, my thought was monitoring post-op temperature following surgery.

But, actually then, I discovered that it was even cases that were having imaging. So, we would have a CT machine. So, mainly, probably CT, not so much general anesthetic, or actually under general aesthetic it was more CT and MRI that we had an issue. So, unfortunately, yeah, we had a 100%t failure rate. Every single case that was coming back to the wards for recovery were hypothermic. So, I just obtained the data for about a month. So I probably would've liked some more cases, but due to COVID that we did have a reduced workload.

But it was obvious to see that there was an issue there. So, I decided then to introduce pre-warming. So, we have the metal shoreline kennels. So, every patient would normally have a blanket when they come in, but it was decided that every patient as they were being sedated would have a vet bed and also a heat mat put underneath it and then covered over the top. And, the outcome was significant, it had changed drastically. I also found that our hospitals may be a bit cold. We would see a lot of brachycephalic dogs, and I suppose, we do try to keep the wards maybe a bit cooler for them. I know that's probably across the board, they seem to be a lot more popular. And, I suppose, because it is such a busy hospital and everybody's running round, most of the staff are roasting.

Lou Northway:

Yeah. Absolutely. No. It's a massive thing, isn't it, as well, when you look at the literature and it advises optimum temperature to keep patients warm is 26 degrees or something. You're like, "That's just not feasible. We'll all be fainting."

Leanne McLeod:

Yeah.

Lou Northway:

Yeah. Absolutely. But, like you say, your interventions were relatively simple, weren't they? And achievable for all of us in practice. And yet, they had really marked improvements with your outcomes.

Leanne McLeod:

Yeah. No. Definitely. So, yeah. We continued that and I collected the data over another month as well. And, yeah. As you say, it was dramatic, the change. I think our team nurses more rather than vets, the nurses were well aware that there was an issue there. But I think the vets may be maybe not so much. And, it's only until you have the data in front of you written down in black and white that you can really see the difference. So, yeah. I think quite a lot of our vets were quite shocked. And then, I suppose, it affects recovery and oxygen. More oxygen is required recovery and infections. And, it's only that you really sit down and look that you realize. So, yeah. No. Just small efforts can make such a difference, and it's worth just popping a blanket over and trying-

Lou Northway:

Yeah. So simple, isn't it? Yeah. It seems so obvious when people say it out loud, but you think when you're busy or pre-med back to bed, but you think, "Oh, no. Let's try and cover them up and yeah, slide a heat pad in." I mean, if some practices are lucky and have incubators for cats and things like that ... We don't in my practice. So, just like you, small little changes can have big differences.

Leanne McLeod:

Yeah. No. Definitely. And, yeah. I suppose then being aware of the recovery ward temperatures as well, making sure that the air con's turned off if we don't have any brachycephalics in that ward or something like that. Just simple things that can make such a difference.

Lou Northway:

Yeah. And it's interesting you saying about diagnostic imaging, that those being areas where patients were particularly hypothermic. And, that's something definitely we've encountered as well. Because we can always think when we have to, I don't know, radiograph a limb, then there's no reason why a patient can't have clothing on, or a pet shirt or something just to help insulate them. But again. It's stopping, isn't it? And thinking about, how can we be creative and improve this for a patient?

Leanne McLeod:

Yeah it's quite separate areas. So, the patients may induced an induction and then they have to moved to, excuse me, moved to CT. And then, maybe if they're needing some more imaging, they're moved around the hospital. And, I suppose, different corridors and doors swinging open and closed and drafts coming in, they are going to cool down. But, it is just planning more than anything and making sure that they are optimum temperature before you begin. And, like

you say, we do have an incubator, so we would try for any of the cats or any of the small dogs, just to try and pre-warm them before. But, yes. It's just trying to plan all that in a busy hospital. And, you could have maybe two cats getting induced at once and we've only the luxury of one incubator, so it is difficult to plan. But it's something as a team that we can all work on. And, the fact that everybody's well aware of it now can make such a change.

Lou Northway:

Yeah. It's like part of the everyday planning now, so we think about drugs, we think about fluids, we think about what bits of kit we need. Well, the patient warming should be on that list as well. So, yeah, like you say, it's a part of every day now, makes a massive difference.

Leanne McLeod:

Yeah. And I think off the back of just the last couple of months it has been in talks about maybe changing our protocol that we have our check sheets, that that is included to make sure that everybody, all new members of staff that are coming in are well aware of it, not just the team that have been there when the data was collected, so that it is, as you said, part of daily routine that everybody is pre-warmed.

Lou Northway:

Yeah. That's so important, isn't it? So, when you onboard new people, making sure they're aware of, "This is what we do here." Because we assume, don't we? But, we must make sure. And, when you were doing all of your audits, your head nurse was really pivotal, wasn't she, in championing you and getting the team on board with making those small changes? Tell me a little bit about her.

Leanne McLeod:

Yeah. So, our head nurse is brilliant. So, she is so keen for our hospital to move forward and is really keen for us to do the best that we can for our patients. So, any new ideas, if it's just ideas or auditing, she is very keen and happy to call nurse's meetings to talk about it. And, definitely without her, I think she was the one that was making sure, not shouting, but shouting in the theater, "Make sure you're recording the temperatures." Coming out, so that I actually had data to go on. So, no. She is brilliant and she's so encouraging from all aspects of the hospital. But, definitely when it comes to patient care, she is just fab. So, yeah, she was shocked at the outcomes. So, she was really keen for any new measures to be put in place that can make improvements, definitely. Mm-hmm.

Lou Northway:

It sounds like you and your head nurse are a good tag team? I am sure you've inspired many others on your team now, though, to be wanting to look at things. Have you got any other ideas of what you'd maybe like to look at and improve in the future?

Leanne McLeod:

So, yeah.

Lou Northway:

Where shall we start?

Leanne McLeod:

... great hospital. Then you look around and you think, "Oh, my goodness, there's so many things that we could improve." But, I suppose, that's in any hospital or any clinic, there is so many things. We would try to pain score most patients, but we would have quite a set protocol from the vets. But, I feel like it's something that we could really work on that we pain score our patients more regularly than what we do, and maybe taper down opioids before that we do already. So, yeah. No. I think that would be something that I'd be really click keen to look at in the next while. But, yeah. I suppose it's such a big undertaking, isn't it? And, I suppose, the vets would need to be on board as well, especially we do quite a lot of orthopedics. So, yeah. You want the patients to be as comfortable as they possibly can. But, I think that would be something that we could look at and maybe taper a bit better, which would be great. Yeah.

Lou Northway:

I think that would be a brilliant one for you to do next. I hope to see it in next year's Knowledge Awards. Although life's going to be a bit different for you, isn't it, for the next few months now? Because you have a new, little person on the way. But, maybe not next year, but the year after, I would like to see that, please. No. That's a really good subject area. And, actually, that's something that we've been looking at in my practice since January. And, it's been really interesting, actually. I'll just tell you a little bit. But, we found that dogs were, on average, being pain scored more frequently than cats. So, we had team discussions as to why that is. We have also looked at how many patients needed topping up, sorry, their analgesia topped up after neutering. So, proportionate cat space vs. bitch space. And that's been really interesting as well. And, yeah. It's really just opened a massive can of worms and lots of discussions. So maybe you and I can have a chat about this in a few months' time.

Leanne McLeod:

Yeah. No, definitely. And, actually when you're saying that, that probably is similar to our clinic. Most dogs would be pain scored and the cats very rarely, unless you're ... Yeah. No. Actually that's such a-

Lou Northway:

Interesting, isn't it? Yeah. Because we were discussing, what's the reasons for that? Because we were talking about the different methods, so Grimace versus Glasgow versus Colorado, which one do people like the best? Which is most user-friendly? Which one do we prefer using with our patients? And, yes. We've been going round in circles a little bit, if I'm honest, the last month or so. But, it's been really interesting just to go there and review something that we do every single day.

Leanne McLeod:

Yeah. No. Definitely. No. That's another one to think about.

Lou Northway:

Yeah. Indeed. So Leanne, you've had an amazing career so far, and the future is very bright for you, I'm very sure. But, what would be your top tips for nurses that are setting out on their QI journey, right now?

Leanne McLeod:

So, top tips. I think when you hear about QI and audit and things it's scary to think, "Oh, gosh." I know I did. "Oh, gosh. I couldn't do that. There's no way I could do that." But, actually it's very easy. Once you obtain the data, it's an easy thing to do. And the RCVS Knowledge website has so many tools to help you obtain the data, and what to do with it once you have it in front of you. So, I think, yeah. It's not a scary, and it's definitely not boring at all.

I loved finding out what we were collecting every day. And every day I was looking at the board, "Oh, what temperatures are coming out today?" So it's actually so exciting and you really get focused and get intrigued by it. So, yeah. No. I think it's not a scary subject. It's not something that takes an awful lot long time. I know everybody's so busy and the thought of trying to do an audit ... I know originally I thought, "Oh, gosh. How am I going to ever do that? I don't have enough time as it is, never mind collecting data." But, if you get your full team on board, it's so simple. And you're trying to improve things for your patients, so hopefully everybody would be on board to help. Yeah. I think-

Lou Northway:

Yeah. I think that's brilliant advice. And when you were collecting your data, did you just have a piece of paper on the prep room wall? Or, so they just put their patient's temperature in as they were taken back to bed? Or, how did it work?

Leanne McLeod:

Yeah. So, I just popped a page on our ops board and our prep-room board. And, anybody coming through with patients then, it was easy just to write on the pre and post-temperatures. Yeah. And I think I had collected originally the temperatures coming out of theater and things like that. So, yeah. It's so simple just to stick a bit of paper on the board and to collect the data was not difficult at all. And, as I say, I worked with a great team that everybody was keen to help and be involved with. So, yeah. No. It's very, very easy to do.

And, I suppose, with the pain scoring, if that is something that I might undertake down the line, that would be the same. We could just pop a page to collect the data in the kennel area in the wards and just get everybody involved. And, as long as the team know about it, it's a simple task as you're walking past or in the morning time when you're doing your pain score, just to pop it on the board. So, yeah. Mm-hmm.

Lou Northway:

Yeah. I think that's such good advice. And I think it's quite interesting for the colleagues that are filling out, ticking on the sheet as well, isn't it? "Oh, what have the other temperatures or pain scores been this week?" I think it does help engage everybody. So, no. Absolutely. Brilliant. Oh, well, I could talk to you for hours, but I just wanted to say congratulation again for your Knowledge Award. I'm sure this will be the first of many. And, I want to see more projects in the future. But, good luck with everything over the next couple of months with your little person that's on the way. And, I look forward to seeing what happens next.

Leanne McLeod:

No. Thank you so much. And, thanks for being an inspiration for making me do it.

Lou Northway:

Oh, you're very welcome. Lovely. Brilliant. Take care, Leanne.

Leanne McLeod:

Cheerio. Thank you. Bye-bye.

Lou Northway:

We hope you have enjoyed this recording. Please share it with your colleagues and friends. If you would like to find out more about quality improvement and access our free courses, examples and templates, please visit our quality improvement pages on our website at rcvsknowledge.org.

Our transcripts and closed captions are generated manually and automatically. Every effort has been made to transcribe accurately. The accuracy depends on the audio quality, topic, and speaker. If you require assistance, or something doesn't seem quite right, please contact ebvm@rcvsknowledge.org



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/). This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.

It is ok to: share, discuss and learn! You can share this resource with your teams, colleagues, and organisations with credit to RCVS Knowledge and the author where appropriate. You can share downloadable links on your socials and within internal networks.

It is not ok to: edit, change, or add to this resource, or claim it as your own. Although you are welcome to use it and reference it, you should not copy and paste it in its entirety. You should always provide a link back to this online resource. You may not use it for commercial purposes, for example, charging for its use, providing it behind a paywall, or providing it as part of a paid-for subscription service.

You should reference this resource like this: RCVS Knowledge (date). *Name of resource*. [Online] Available at (web address)