

Clinical Audit Case Example: Process audit in an equine hospital

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.

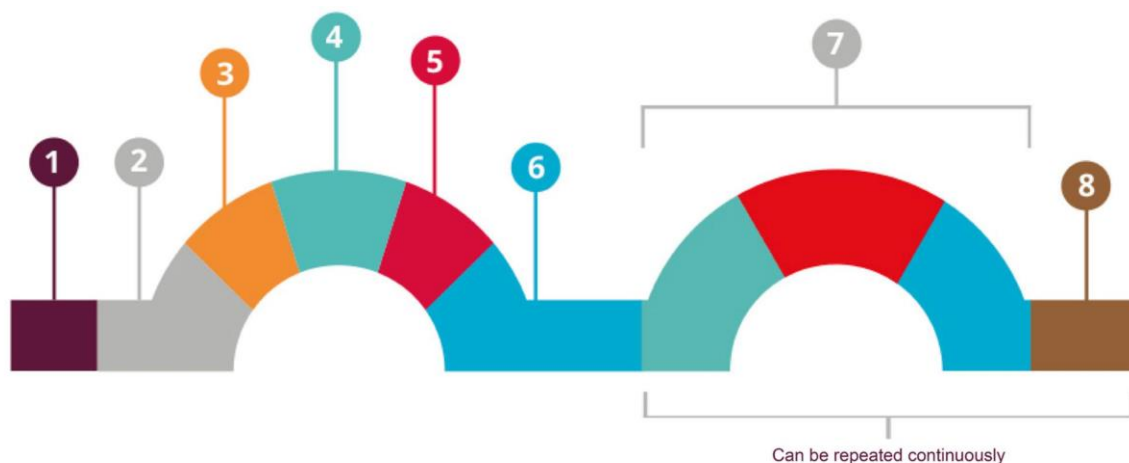
It is used:

- ⇒ 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 practise.



1. Choose a topic relevant to your practice

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

A process audit to identify if dental charts were being completed for all dental examinations.

2. Selection of criteria

Criteria should be easily understood and measured.

A sample of all dental examinations will be randomly selected. The patient's records will be checked to see if a chart was completed and scanned onto the patient records to form clinical history.

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. This information would also be used to identify any training requirements within the practice.

4. Collect data

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

Kathleen Hennessey MRCVS completes the majority of dentals in practice and has a keen interest in Dental and oral examination therefore is an ideal candidate to look at this audit.

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 discussion from the entire team to identify.

Approximately half of the dental examinations had a dental chart completed.

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.

Barriers were identified and addressed. Specific time was put aside for the team to fill out the charts.

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 initial changes were implemented to monitor for improvements.

8. Review and reflect

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

The team were updated with the results.

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Section B: Clinical audit in practice, using a process audit as an example



Gillivervet

OFFICE:
Garwood
Bolton Road
Anderston
Chorley
PR8 9RN
Tel: 01257 483861
Email: office@gillivervet.co.uk
www.gillivervet.co.uk

Name of initiative: Process audit of dental charts
Initiative start date: April 2018
Submitted by: Charlotte Hartley RVN

Introduction

This QI initiative took place in an equine hospital to identify if dental charts were being completed for all dental examinations. Kathleen Hennessey MRCVS completes the majority of dentals in practice and has a keen interest in Dental and oral examination therefore is an ideal candidate to look at this audit.

Aims

In June 2017 Gillivervet implemented the use of dental charts and so 12 months following this the audit will highlight compliance to this request.

Actions

Data was collected retrospectively over a period of seven months. A random sampling of 1/3rd of this list will be looked at to see if a dental chart was completed and scanned onto the patient records to form clinical history.

Results

Only 57% of dental procedures and examinations had been followed up with a scanned dental chart. The team identified that lack of time was a barrier in completing the charts. Each team member reported the time each individual required to complete a routine dental and those appointments were given sufficient time allowances on the diary. A newly designed carbon copy pad was created with images of the skull and dentistry to enable the form to be completed easier and a copy left with the client.

Another audit was scheduled after 12 months, and an improvement target of a 25% increase decided.

Impact of intervention

On the second audit, 84% of all dentals had dental charts scanned onto the patient records. Looking at this number in total, the existing Veterinary Surgeons had 96% of their cases scanned on (all where dentals were carried out secondary to other procedures!), whereas two newer members of the team had 50% and 74% scanned on.

The two newer members of the team were not confident in carrying out the procedures and lacked the time and knowledge. A buddy system was organised so they have assistance until their confidence grows.

The findings of the repeat clinical audit indicate that the initial interventions were beneficial and that the Veterinary Surgeons are providing a good standard of dental care to the patients and clients will feel happy with the service provided. It does highlight the support that newly employed staff requires and hopefully they too will improve their work and follow the required guidelines.



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