



## **QI Boxset**

### **Podcast transcript: How I got started with audit**

#### **Lesley Moore RVN**

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

#### **Pam Mosedale:**

Hi everyone. Today, I'm really lucky to be talking to Lesley Moore, RVN. Lesley is principal nurse manager at Vets Now Macclesfield and was the recipient of an RCVS Knowledge award for some audits that she did in 2019. So, hi, Lesley.

#### **Lesley Moore:**

Hi, and thanks for asking me to do this today, Pam.

#### **Pam Mosedale:**

You're welcome. It's great to talk to you and I hope that we're going to come up with some nice practical tips where people there who might be a bit worried about how they start off in audit. So how did you get involved in clinical audit at the start?

#### **Lesley Moore:**

Think for me, it goes back to my degree. I did my veterinary nursing degree at Middlesex, and I probably didn't know that that was what I was actually doing at the time. But in one of the modules, we very much talked around research and audit and that kind of thing. And that led you up to the third year and fourth year, and ultimately writing your dissertation as well. And as I say, I don't think I realized that that was quite what I was doing at the time. I knew I was looking at ways of auditing things in practice or researching things in practice, but it didn't have that formal title for me. And then, when I qualified and I went into general practice initially, I think I did little mini things, perhaps for myself or for the vet. So I remember in one of my day practices just doing something about pre-meds in fish, but it was only on a really small scale and certainly must have been published or at this level.

#### **Lesley Moore:**

And then joining Vets Now, and Vets Now are very proactive around the QI and EBVM type stuff. And they really encourage us to get involved in that kind of thing. So I knew that there'd be opportunities in that area. And I think because, for me, improving things within the clinic is really important. It was something I was quite keen to get interested in and into, but I think that it's not difficult to get involved. I think it's just knowing where the resources are to help you, and the people that can help you, and where to start with it, really.

#### **Pam Mosedale:**

Absolutely. And I think that's really important, what you just said about, you started with some quite small things, even before you got onto your bigger project. And I think sometimes people are worried about starting, but little bite size things can be an ideal way to start, can't they?

**Lesley Moore:**

Absolutely. And if you just do something small, then you've got opportunities at congresses to just go and speak in those five, 10 minute slots. That, again, if you're not confident or as confident as a speaker, or you're new to speaking, those five or 10 minute bite size type things were a lot less daunting, really. And you can present what you found and people are really interested in it because I think people want to use best practices and they want the best care for their patients. And they want to do that on the back of audit and evidence-based type stuff as well.

**Pam Mosedale:**

Absolutely. I think that is the motivation for all of us, isn't it? Vets, nurses, everybody in the team, actually receptionist, everybody in the team. Motivation is for good outcomes for our patients. And how do you know you're having good outcomes if you don't measure them? You can only get an impression, can't you? So, yeah, I think that that's really important. How did you decide, when you got to Vets Now and got a little bit more involved in it, how did you decide what you were going to audit?

**Lesley Moore:**

I think because we're solely ECC, it was different opportunities and different things that we could look at. But I wanted it to be something nurse specific because I think sometimes a lot of things are vet specific, which is fine. Or they could be dual aspect but I felt like something that the nurses could really be involved in, as a process. And I lead the nursing team and the support team at Macclesfield. And I thought that, as I say, Vets Now do a number of audits. But when they were speaking about doing a general anesthetic audit, which is what we ultimately won the QI award for, that would be something really helpful for our nursing team, because obviously a lot of our anesthetics are quite complicated. They're ASA grade three and above. I mean, some of them are, but quite a lot of them are. So splenectomies, caesarian sections, they're the more emergency presentation anesthetics as well.

**Lesley Moore:**

Sometimes it is just a stitch up, but that's just as important that that patient gets the same level of care that they would if it was a splenectomy. And it really, I think, at the time when we were looking to start it, my nursing team were... One was fairly new to Vets Now. She was actually fairly newly qualified. One of my other nurses was fairly well established, but I felt like it would be a good starting point to learn something because we are all well trained in anesthesia when we do our diploma, our degree, really. So it's something we'd all got a really good knowledge of, but it's certainly something, as with everything that you can improve upon, but it was an area that I felt we could make a big improvement upon with the right tools and training, really.

**Pam Mosedale:**

Absolutely. And it's something that happens frequently, isn't it? Because sometimes people start on audit projects, they pick something that doesn't happen very often. And then you have to collect information over such a long period, it's hard to keep the team on board, isn't it? Whereas, with anesthesia, it's happening all the time and you've got a good impact. So how did you actually go about it? How did you start off?

**Lesley Moore:**

So initially, again, Vets Now were very practiced in providing me with information to help me with it. And a lot of processes within Vets Now are quite easily auditable. So it's easy to pull cases where there's been a sedation or a general anesthetic. So I knew I'd got the tools there to be able to do it, and just take a step back because it is something we do quite commonly. I think for anybody that's looking to start doing this, don't pick something really complicated or something that doesn't happen very often. Because, firstly, if you're trying to do some research around it as well, it's quite difficult to find research on something that doesn't happen very often. So don't think, oh, I'll pick something that's very complicated or really rarely happens. And because it's something that was easily auditable, the quality of the anesthesia monitoring, because you can see it from the general anesthetic sheet.

**Lesley Moore:**

And I know it's just something that's written on paper. I wasn't visually watching the person do the anesthetic, but you can pick up a lot from that. And our anesthetic sheets are very comprehensive so I think it's really important that we have surgical checklists on ours. They're really important things to have, and definitely have been shown to reduce errors. We've got areas for writing comprehensive notes as to how the anesthetics gone. There's areas for all the usual stuff as well, for putting new drugs in and that kind of thing. But even to the point where we will comment on our anesthesia about the positioning of the patient and any heating devices that we used on that patient and where they were positioned. So they're really quite detailed. So it enabled me to look in quite a lot of depth. But I think, before I did that, I needed to know where my nursing team were in terms of confidence as well, in doing something like this.

**Lesley Moore:**

And I think that's the point where I really got my teeth into it, to provide them with some training and tools to actually, once I'd conducted an initial audit and looked at where we were with the anesthetic sheets. And there was kind of a scoring system in place for how well they'd been completed, almost like a traffic light system. And that initial audit gave me the areas where we were going to be able to improve. But then I very much believe, with training my staff, it's a tailored approach for them, and one size doesn't fit everybody. So you've got speak to them about what would motivate them and what they find difficult about a certain area and what they need help with. And that's not the same for everybody. So you do need to put some commitment in to that side of it, but I think everyone found it really, really rewarding as we went through the process. And actually it's an ongoing process because we're still doing it.

**Pam Mosedale:**

Absolutely. So did your team know, before you started, that they were going to get their anesthetic sheets looked at?

**Lesley Moore:**

Yes. No, they did. I think they know me as a manager as well. I'm very Hands on. I do pretty much, less a few hours a week, the same number of clinical shifts that they do. So I'm auditing myself as well. So I'm not afraid to say, well, actually I haven't done that as well as I could have done, or I might need help with this. I think a big thing is to actually reach out to people and say, every day at work is a learning day. So I was engaged in auditing myself as much as I was my nurses.

**Lesley Moore:**

So yes, they did know. And I think we're a very tight-knit team at Macclesfield. We're a close team. So it wasn't something that scared them and actually think they found it to be a really good opportunity. Because I'm quite into the educational side of things so if they said to me, well,

actually... Which they did do. I'm not confident on certain aspects of the multi parameter monitor and one big area was ECG. For me to go away and actually put something together to give them some knowledge on what they're looking for on the ECG. And actually, within our GA sheets, that isn't necessarily something that there's almost a box to comment on the ECG. There isn't.

**Lesley Moore:**

But what I encouraged them to do was to initially learn what normal looks like in a bit more depth than this, but then we went more into what not normal looks like. And they could certainly recognize five or six traces fairly quickly thereafter. But actually to always, even though there's not a specific box for ECG, but make a comment within your notes as to any abnormalities on the ECG or even if the ECG was just relatively normal.

**Pam Mosedale:**

Yeah. I think that's important, what you said about you being auditing yourself and them all knowing what's happening. I think it's important to be transparent, isn't it? Otherwise people could start to worry that audit is being used to compare performance between individuals. But it's not, is it?

**Lesley Moore:**

No.

**Pam Mosedale:**

Performance of your whole practice.

**Pam Mosedale:**

Did you have any trouble getting any of your nurses on board with all this?

**Lesley Moore:**

Not at all. Completely reverse if anything. I think, because I'd spoken to them, I'd got a nurse that was pretty much at the end of a Vets Now ECC certificate. So she had perhaps more knowledge. I'd got a nurse at the other end of the spectrum. I got a nurse that was relatively newly qualified, that had just come off our nursing edge course, which is our eight week course for new nurses coming into the company, that maybe lack as much ECC experience as they'd want to hit the ground running. So I had different ends of the spectrum. So what I ended up doing is the bits that were common, like the ECG, I did this thing called nurse club. So we'd go and sit and do that together.

**Lesley Moore:**

But then it got to the parts where one of my nurses was more confident so I didn't feel like she needed anything additionally in that area, but the other one did. So I'd do that on an individual basis. And even now I kind of do quarterly mentoring with my nurses, where I get them to tell me what they want to do. And ironically, I did one last night actually, and it was circuits. So it was an anesthetic related.

**Pam Mosedale:**

Well, there you go.

**Lesley Moore:**

I had to really dredge my mind for fresh gas flow and that kind of thing. But again, it really boosts them because they know more than they think they do as well. And what was good about the ECG

stuff actually, I remember doing a nurse club with them where we spoke about ECGs. I remember saying what's a VPC and what does it stand for? And they couldn't tell me. And then three months later I kept getting WhatsApp pictures of VPCs that they found on the trade. Oh, this is a VPC. So to go from them actually not even knowing what it stood for, to sending me photos of them on cases that they were doing anesthetics. That was really amazing for me. And that just showed they really enjoyed it as well.

**Pam Mosedale:**

Yeah. And I think audit is really good at improving team morale, isn't it? When you find that you are doing things well, either before from the first audit or after you've made the changes, when you see things were improving, that's great for team morale, isn't it?

**Lesley Moore:**

Yeah, absolutely. Because within our team meetings, when we were able to have them face to face and quarterly, it's always something I discussed in the team meeting. And what I would do and, again, it wasn't about, like you say, it being an exercise in saying this has been done wrong, but I wanted them to audit themselves well. So I may have already audited it. Sometimes I actually haven't, but I'd give them some GA sheets across the room. And I'd include the vets in that as well, because I think it's really important to involve the vets, and for them to have a look at what we're doing as well.

**Lesley Moore:**

And actually it was, I think the first or second time, my permanent vets were really quite surprised at the standard that we were achieving on the general anesthetic sheets, and the standard of detail we were going into. And knowing that the blood pressure's dropping and we need to speak to you about the blood pressure's dropping, right. What are we going to do? And I think that was quite an eye opener for them. But it also gives them the confidence that, when they're operating and they're knee-deep in surgery, that they know, at that top end, we are doing a really good job on monitoring that patient for them as well.

**Pam Mosedale:**

Yeah. I think it must be very reassuring. Speaking as a vet myself, I think that'd be very reassuring to know that that's what's been happening. So obviously some of your changes were involved in training and education, but were there any other changes that came about as a result of your audit?

**Lesley Moore:**

Yeah. I think there were bits, as I say, of the GA sheet that we tried to improve. Even today in recent weeks we've altered a couple of things on it to make it... We're always trying to make it more visual, more user friendly. So historically the blood pressure thing it was numbers written, but now we're doing little graphs as well. Things like jaw tone and eye position, we're commenting more on. I'm trying to encourage them to write the fresh gas flow calculation on there. So that was, again, that's part of the reason last night happened. So I think we did change quite a few bits. And also to get, I think, the animal care assistance involved a little bit in what we're doing. They're such a vital part of the team, especially in the last 18 months with COVID, they've been such a vital part of the team.

**Lesley Moore:**

And, I think, to engage them in this kind of thing is really good. One of my animal care assistants is just in a VCA qualification and past that. They do have to recover a patient within that. So to get obviously supervised with me, they're recovering it with her by my side. But to get them involved as

well, I think, is really positive and give them the confidence that, if there's something that they're concerned isn't right about a patient, that they've got the confidence to come and speak to us about it.

**Pam Mosedale:**

Yeah. I think that's... I mean, I think quality improvement should always be a whole team activity, don't you? I mean, important that the receptionist know about it too, because it's often the receptionist that clients ask or go, "Is my animal going to be all right under anesthesia?" So were your receptionists aware of what you were doing with the audit?

**Lesley Moore:**

Yeah, again, they're in the team meetings and when I set them into groups, I put a vet, a nurse, and a receptionist or ACA in that group. So they're in a group and I sit back and listen. And I can hear the vet or the nurse in the group explaining it to the receptionist and explaining what we're trying to do. And something I'd like to do in future maybe is some work around QI with receptionists to get them engaged in it. Because I think the reception role, again, is a really important role, especially in ECC because the clients aren't expecting to come in the day they come in as an emergency. They might have just seen something really horrible happen to their pet. They might not know where they're going and they might get lost.

**Lesley Moore:**

And they're the first person that that client sees and they're stressed and they're upset. And I always try and put myself in that position of me being that person that that's just happened to. And I try and work with my receptionists around that as well, to get them to understand. And I've got a receptionist now, actually, that have never had a client in the building. In the last 18 months they've not had to manage a waiting room yet. So this is something that I'm going to be working with them, when clients are fully coming back in, because that's an absolute skill in itself, isn't it?

**Pam Mosedale:**

Absolutely. No, I agree. I think it's really important. They can have a really important role in all quality improvement and in audit as well, even if it's around client waiting times or making sure that histories are attached and all this kind of thing, which is all really important to outcomes, isn't it?

**Lesley Moore:**

Yeah.

**Pam Mosedale:**

So the changes you made, were they all successful or were there any changes that you thought, no, that hasn't really improved it?

**Lesley Moore:**

I think one of the harder areas was with some of the locum nurses. It's no detriment to them at all, but because they maybe come in and out and don't do as many shifts, and I don't necessarily know the level of training they've had in anesthesia. And most of my locums that I use as nurses are really experienced locums, but I know they know quite a lot. I know they know they're good at ECC, but it was quite difficult for me to engage them as much as I could my permanent staff. But what I've tried to do, I do a locum newsletter every month to my regular locums, because I think it's really important to keep them in the loop as what's going on within the clinic. And also it enables me to

just, if there's any major policy changes or anything that they need to know about, it just enables me to do it in a group way that's quite nice for them.

**Lesley Moore:**

So I tried to introduce some areas in there that would help them. And actually it has. It has made it better and I'm always happy, when I'm inducting a locum nurse, to speak to them about their level of knowledge with anesthesia. And I certainly always make it quite clear that any sedation or anesthesia that they're doing, if they can try and use a multi parameter monitor on there, because that's really important for the patient to have that. But yeah, that was probably one of the bigger challenges, but I think, as time's gone on, actually the regular locums have become quite engaged in it as well. So it's not been so much of a challenge. And also, because it's something that we've continued to do, I think where I've had a new nurse come into the team as well, it wasn't necessarily a challenge, but then getting her engaged in it.

**Lesley Moore:**

And actually she's very enthusiastic about QI and she's one of the people when I think about the sort of person that'd been interested in doing something, but wouldn't really know where to start. She's exactly that person, because she gets really into things. And what I was able to do with her for one of her first mentor shifts was to talk to her about some of the bits. Again, she wasn't as confident on ECG, so to talk to her about that. But honestly, really, really rapidly the quality of what she was doing was really good. And again, the vets commented that the quality was really good. And I think sometimes it's just time challenges as well. Like everybody, we've got so much busier in the last 18 months. There's three million new dogs out there. Yeah.

**Pam Mosedale:**

Crazy.

**Lesley Moore:**

Yeah. We've definitely noticed that. So some days, if I do a Sunday day shift, there's some Sunday day shifts where I can do 2, 3, 4 anesthetics. And that is a challenge to keep the quality up of what you're doing, but you've got to take each patient as an individual and make sure that you are doing an equal job for everybody, really. But that's how busy we've got has made things a little bit more challenging, but I know that's the same for everybody.

**Pam Mosedale:**

Absolutely. But I think communication as well is the key. Communication of what you're doing with the audit and of the results to your team. And I think your idea about, having worked as a locum myself, I think your idea about your locum newsletter is great and will really keep them on board. That's really good. So obviously you're carrying on doing audits. So, for your team that have been there all the time, are you getting any we're getting a bit fed up of audits? So is it difficult to keep them motivated? Keep it going?

**Lesley Moore:**

No, no, not at all. Because I think, as I say, I tailor it to what they want. So if there's something specific that they want, I'll work on that for them. And I think that's really important because I don't ever want the educational side of things to be like a tick box exercise, all that. Or I've got 500 quid of CPD left to spend, here's something I'll just do it. I want it to be something that they're going to be really motivated by. And I think because we work in ECC as well, there's some very high highs in ECC, but there's also some very low lows. And I think that makes us quite tight as a team. But I think,

when we have the really good outcomes to cases, whether they be surgical or medical, they absolutely make the job worthwhile.

**Lesley Moore:**

And I know all of my team just are still really passionate about what they're doing every day on a, well, a night-to-night basis, not a day-to-day basis. But yeah, they're really passionate about it. And both of my vets are currently doing their certificates as well. So, actually the learning that we are getting from that as well is enhancing patient care. So I don't necessarily ever worry that there's a lack of motivation there because I do a lot of lecturing and speaking outside of my clinical role. And I'm really interested in that. So if you put me in front of people to try and talk to them about something, I think they see I'm quite passionate about it. So I think that probably reflects on my team as well.

**Lesley Moore:**

I've just launched a case club at Macclesfield that I wanted, because vets have their little mortality morbidity type groups where they talk about cases and things. But I wanted just to have something at Macclesfield that was all of us. So all the clinical staff, because I think it's really important that vets understand cases from our perspective and we understand cases from a vet's perspective. And we started that earlier this year and that's been really fascinating and actually made us learn quite a lot about what each other's focuses are. The vets trying to look more at the nursing care side of things and recognizing that that plays a massive part in the recovery of that patient. But also us looking at... Me and a vet had a case a couple of months ago and it started to deteriorate, but not in a way we were expecting.

**Lesley Moore:**

And I didn't really know what the vet was thinking. And when we talked about this case and he said, "Yeah, in my mind, I was thinking this." And I said, "If you tell me that I can try and help you with any experience I've got of that or what we could have done." But I didn't really know and, like you said, it's about communication. So I think we talk more of a lot about cases now. And when there's just two of you on a night shift, it's really important to do that. And the vets, we need a sounding board sometimes on cases. So that's been a really big positive, and I think that's really encouraged what I've tried to get my nurses to do at that is to speak a little bit as well.

**Lesley Moore:**

So I asked one of them... One of our cases was about a recumbent patient. So I asked one of them to speak about decubitus ulcers and she'd gone away and done some research. She'd found a couple of primary research papers with some qualitative information on there, and spoke for 15 minutes on that. And I could see the passion there and I'm thinking, right, you are exactly the person that should be moving forward into this kind of thing, really. But she probably, like I say, she probably wouldn't even know where to start. She will because I'll speak her about it. But yeah, she would thrive doing something like the QI process.

**Pam Mosedale:**

Excellent. And I'm not surprised that you don't have problems with motivation of your team, because you're so passionate about it yourself that it's going to rub off on your team, isn't it? Which is absolutely great. So, for somebody who's starting off, somebody who's listening to this and thinking, yeah, we need to do some audits, but I'm not really sure where to start. What would be your top tips, Lesley?

**Lesley Moore:**



Pick something that you do regularly. Don't pick something too complicated. It doesn't even necessarily, like we've both said, it doesn't necessarily even have to be clinical to a degree. It could be, like you said, about reception. It could be something about wait times. It could be something about their role. But pick something you're interested in as well. And it's got to be something that you've got an interest in and that you're going to take forward. And speak to your teams as well about what they would find interesting. Even within ECC there's bits that I really love and there's bits that I'm kind of... They're not the bits I'm as interested in. And it'd be the same for people in referral or same for people in general practice. So find the bits, the commonality that everybody's going to be interested in, and have a look at something.

**Lesley Moore:**

And then I think it's finding the tools then to look at how you're going to audit it. But there's so much help out there. Certainly, the kind of thing we are doing today and the package that you're putting together, there's so much help for people out there that want to get involved in it as well. So don't be afraid to ask for that assistance to support you as well. Also, don't kind of... I never thought, when we did that, when we started that back in 2018 or whenever it was, I'd be standing up in an RCVS ceremony, winning an award for it. Hadn't even entered my mind that that was going to happen. I was just, like I said, I was just trying to do it to improve our knowledge in the clinic and improve our patient care.

**Lesley Moore:**

And that as an outcome at the end of it, or a reward at the end of it, was just amazing and such a boost for the morale of the team. We were all just blown away by that. So it does help with your team and your morale of your team. And we've all had a difficult last 18 months. And if there's anything we can do to help where it's got so busy and where people are flagging a little bit, that's all to the good, really.

**Pam Mosedale:**

Excellent. Those are great tips and I think you're absolutely spot on with all of them. And it was well deserved that you won the award there. And yet on RCVS Knowledge website, there's a course, a clinical audit course. There's a template you can fill in. There's a walkthrough and there's numerous case examples, including Lesley's, amongst others, on all sorts of different topics, not just anaesthesia. On hand hygiene and post-op temperatures, and ear swabbing, all sorts of things. So get a bit of inspiration from there. And if I was asked for my top tips, they'd be exactly the same as Lesley's. And I'd also say when you measure things, talk to the team on the ground, when you start looking at why things need to change. Because don't assume. Do you agree, Lesley? Don't assume you think you know what the problem is if something isn't happening.

**Lesley Moore:**

No, because you don't, and there could be lots of reasons why something's not going as well as it could be. It could be an educational piece. It could be a confidence piece. It could be a lack of enthusiasm for it, or just that somebody just feels a bit overwhelmed by a situation. And that's why I really think, I've banged on about it a bit, but tailoring that approach to the individual and not just assuming one thing works for everybody, because it doesn't. And we try now to, when I do the audit now, because I continue to do it on a quarterly basis. We'll have a chat through it and actually decide between them, well, what could we focus on for the next quarter? And it's funny you mentioned post-op temperatures because that's our current focus within last quarter. It's such a big area, but that's something we're currently having a mini focus within a bigger audit thing.

**Pam Mosedale:**

Excellent. We want to wait and see the results of that. But I think, and it can also be simple things like a bit of kits broken or you haven't got the right bit of kit, can't it? It's sometimes...

**Lesley Moore:**

Absolutely. Yeah. And on our GA sheet, again, it does say if you've got any equipment failure. So when I do an audit, I mean, hopefully they come to me and say, this bit of kit's not working. But if I see somebody repeatedly write the pulse ox wasn't reading, I'm thinking, right. Well, what's happened here? Why is the pulse ox not reading? And it can be something as simple as that as well. That has happened if I'm honest. So there's loads of reasons. And, again, it's about communication with your people in your team, and making sure everybody's on board, really.

**Pam Mosedale:**

Yeah. I think you're right. It's communication and it's learning, isn't it? It sounds to me like what you've got at your practice is a learning culture, that everybody is learning from what happens and it's giving people a better job satisfaction. And I'm sure it's contributing to your whole practice culture.

**Lesley Moore:**

I think so. I think, as I say, we are a really close team at Macclesfield as well. It's a fairly long-standing team and we do all look out for each other. It has definitely created a long-lasting positivity, what we've done. We proudly display our award in our office. And my nurses wear the little, they get their little badge and they're really proud to wear that as well. A little RCVS badge, Knowledge badge. And it was a big achievement for us. And even two years down the line, it's still something that gets talked about. Whenever I give interviews for Vets Now or I'm doing anything, it gets mentioned and people ask me about it quite regularly. So it is something that I think if you get involved in, that you everybody, certainly within our clinic, found it really rewarding.

**Pam Mosedale:**

Excellent. And you're an absolute inspiration, Lesley. And I think what we need to both say is just get on with it. Just try, don't you think?

**Lesley Moore:**

Because you're not going to go wrong, it's the one thing. You're not going to do it wrong. And, initially when you do it, it's not as though anybody's expecting you to go in for a QI Knowledge award. It's just to try and, as I say, improve things at patient level. And, at the end of the day, that's what ultimately we're all here for, isn't it? To make things better for our patients. That's why we all got into this job. And even if it's a small, tiny little improvement, it can be something really, really small. But if it benefits the patient, then we've done a good job.

**Pam Mosedale:**

Excellent. I think we'll leave it there because I think that's the message we'd like everybody to take home. So thank you so much, Lesley. It's been great talking to you.

**Lesley Moore:**

And you, Pam, thank you.

For further courses, examples and templates for quality improvement, please visit our quality improvement pages on our website at [rcvsknowledge.org](http://rcvsknowledge.org)

