



QI Boxset – Getting started with Quality Improvement (QI) for farm practices.

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RCVS Knowledge :

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 going to talk to Mel McPherson. Mel is a farm vet, she works in Endell Farm Vets, and she's also the Quality Improvement Lead for the farm division of CVS. So I'd like to talk to Mel about getting started in Quality Improvement in farm practice. Hi Mel.

Mel McPherson:

Hi Pam. Thank you for speaking to me today.

Pam Mosedale:

No problem. So, how did you get started on this QI journey in farm practice?

Mel McPherson:

Well, I didn't really know what QI was until there was a job advert that CVS put out that asked for a QI lead for the farm division. And I had to find out what that was. When I read about it, I thought that seemed really exciting. I liked the idea of constantly looking at what we're doing and the ways of improving it. It also was going to give me the opportunity to engage with other vet practices, other vets, and I like that idea of us all basically working together. It's always good to chat to other vets. I think in farm practice, we are often isolated, so even catching up with your own colleagues is often difficult. But it's also fascinating to hear about how other practices do things, what makes their clients tick, you know, and I think we can just learn so much from that. And if we constantly look at what we do and how we can improve it, that's going to be better outcomes for, you know, for the client, for the animals, and also as vets, I think we have a more job satisfaction if we know we're doing things to the best of our ability all the time.

Pam Mosedale:

Absolutely. And I think, that's a really good description of why QI is so important. Thank you. And like you say, I think farm practice does have particular issues, especially around the fact that you're all out on the road all the time and you don't see your colleagues as often. So, thinking of your own practice now, how did you get going there? Did you have meetings?

Mel McPherson:

We've always tried... We've always had clinical meetings, the difficulty is there's usually always someone or a number of people that can't make it, either it's their day off or a half day or they're on

call or they're still out on calls. You know, it is harder to get everyone in the same place at the same time, but I think the important thing is that shouldn't be a reason not to have them. Even if a couple of people turn up, you can still learn from each other, and hopefully, you know, I suppose alternating the day would help, alternating the time. You're not saying it's always going to be at the same time on the same day each fortnight or month, or whatever you do. It's to alternate to try and increase, you know, the number of people that can come overall so you haven't always got the same people missing it, but I think, you know, "oh, only two people came", still to have it, it's still important. You know, you can have a different sort of discussion with two or three people than you can with 10. It's still important, and I think then the crucial thing is to then follow up with an email or however, the way best to communicate, to summarise what was discussed so that the people that weren't able to attend are still aware of what's going on. So I think that's the starting point I think, and then to explain what QI is, because certainly, I didn't know what it was before getting involved. And it's just another one of these acronyms, you know, within veterinary.

Mel McPherson:

And I'm hoping that QI... I mean, I think in small animals, it's already a known thing that we do. Most people have heard of clinical governance, clinical auditing, and benchmarking, and things like that. But I think it's about trying to get that concept into farm practice as well, and that when you talk about QI, people know what it is you're referring to. Like when, you know, we say EMS and everyone knows, we say CPD, everyone knows what that is, RCVS, you know, and I'd like QI just to be another acronym that we use within veterinary without having to explain it each time. Yeah. Does that make sense?

Pam Mosedale:

It absolutely does. I agree completely. And I agree with you. I think that it's something, you know, it's a long time since I've worked in farm practice, but it's something we always did, which was discuss cases. We just did it in a much more informal way, you know, over a cup of coffee, when you happened to meet somebody in the practice. And I think clinical governance is certainly about giving a bit more structure, isn't it? And quality improvement gives us the tools to make those improvements in outcomes and care and learning for our team. So, you started with your meetings. One thing that people say to me as a barrier for farm practice, apart from the barrier we've discussed about you all being out all the time, is that it's very hard to do audits because of following things up. And I think they're thinking when they say that about surgical outcome audits, because if you don't go back to see the cow that had a caesarean, how are you going to know how it went? So have you managed to get any audits established at all?

Mel McPherson:

Well, yeah. I mean, you're absolutely right. We were trying to find a way that we could follow up on surgical cases, but certainly, at our practice, we charge everything by time. So we couldn't even search for a procedure to see whether we could ring the farmers and see how the cow was. So I was trying to look for other things that we could do that was possible. So at Endell's, we have a ticket system where we write on farm, on an A4 sheet that then the carbon copy that the farmer keeps. On there, we put the animal, the drugs used, the batch numbers, and then a little bit of clinical history. So there were three things I thought we could look at on those tickets.

Mel McPherson:

One was whether the boxes were being ticked for the species because that certainly makes the job a lot easier for the farm office, rather than having to go back to the diary to see whether it was a cow or sheep or alpaca. So that was something quite easy, the boxes are there to be ticked. So, that was one thing. The other thing I felt was quite important was we had animal identification on those

tickets and quite often it would've said 'examine cow, examine sheep', so I was keen to see how many times animals, ear tags, for instance, or even names if it was a, you know, a pet, smallholder, some sort of identification, so you can refer back if necessary. So I looked, went through the tickets, looking to see what information was on there, and finally, use of off-license drugs.

Mel McPherson:

We do use that a lot in farm, particularly sheep work with non-steroidals, there aren't any licensed non-steroidals, and we should be getting informed consent and we should have evidence of that informed consent. So at Endells, we all have a stamp that we keep in our cars or vans, to stamp onto the tickets that say 'I've been advised, this is an off license drug', and for the owner or farmer to sign it. So I was looking through the tickets to see how we fared on them. And then we held a clinical meeting to discuss the importance of doing these three things, and then we subsequently went through the following month's tickets and there was certainly an improvement in compliance with those things. So it's just one example of where we can look at what we are doing. We can have a meeting, have a discussion about the importance of doing these things, and then seeing whether what we've done has made a difference, which is really what it's all about being able to show that you've improved what you do.

Pam Mosedale:

Absolutely. And it sounds like you did a process audit there, rather than a surgical outcome, you did a process audit, which I think are really useful audits to use in practice to see that people were following what they should be doing, which was effectively filling in the sheet, as you say. And that's great. So, you did the first round of this before you'd talked to them about it, so you just found out what the situation, the basic situation was, I presume on your first lot. And then you talk to your team. I mean, was it quite obvious then what some of the barriers were to them actually filling these things in?

Mel McPherson:

Often it's because they're rushing, I would imagine, you know, certainly, it's so easy to tick a box, or even before you hand the ticket into the office to make sure they're ticked because you're probably going to remember the species as you hand the ticket in. The off license stamp, we made sure that everyone had a stamp for a start, making sure it was somewhere that was easily accessible and stating the importance, we've got to cover our back. It is what the VMD expects us to do. Certainly, with identification, I think it's very important that we've got that on there. I think for a number of reasons. First of all, it's what's required of us. It's also good to be able to refer back.

Mel McPherson:

It's also when the farmer gets the invoice, they know what that visit, you know, which animal it related to, and if they hadn't taken the ear tag down themselves for their medicine records, they've got it there, you know, to refer to. So there are a number of reasons why animal identification is important. Covering your back as well, if you've done a bunch of calf castrates, I feel we should be writing those down because if six, nine months down the line, there's a problem with maybe an uncastrated one that the vets apparently missed, you could say, 'well, that wasn't on the list', or Estrumate injections for misalliance with heifers. You know, even though it's a group and we aren't expected to write down individuals for groups, we could just write, 'injected a group of animals', I think for something like that, it is important to take ear tags down to cover our backs. And thankfully it doesn't happen very often, but if we do it every time, then if anything were to happen, we've got it covered.

Pam Mosedale:

Absolutely, and doing it all the time means you've got then a system in place and people get used to it. And I think that's great because you're right. I mean, even the VMD would like you to identify animals too, so it's important from that point of view, and the consent from the RCVS point of view. So, that's great. So when you did your second audit, and of course, you've never finished doing an audit till you do the re-audit, have you, so when you, did your second audit, you, you saw improvement?

Mel McPherson:

Well, certainly, the boxes were being ticked much more frequently. The animal identification was improved, there's still room for improvement. The off-license...the one I really wanted to focus on mainly was the sheep with non-steroidal use, that was certainly the highest level of off-license use. So, and they are food-producing animals that are going into the food chain. Off-license consent is still important for pets, pet farm animals, or, you know, that aren't going to go into the food chain, it's still important. But I felt the priority was the animals that were actually going to go into the food chain as a kind of let's focus on one thing at a time. And then the use of stamps for the sheep non-steroidal certainly improved. So I was pleased with that.

Pam Mosedale:

So it sounds like it's been a good exercise that you've improved systems, you've improved outcomes, and your team, presumably your office team who had to deal with these ones where they didn't have the boxes ticked would be very happy that that part's improved.

Mel McPherson:

That's what that's life about, keeping the farm office team happy, isn't it?

Pam Mosedale:

Well, absolutely. And I think that might have drawn attention to the vets that it does make a problem for your team and the office. They probably didn't think about why they should be doing that, because often we don't do things because we don't see the point of them sometimes. So, that sounds like that was a really useful audit. Have you got any others planned at all?

Mel McPherson:

Well, I think the key thing to say is it's going to be very individual for each practice, isn't it? You're going to find different practices, say they'll have a different system of recording what you did. So it's got to be very bespoke. But they're also going to be things that are, you know, you could make more general that might apply to every practice, and we were very keen to maybe bring in the idea of checklists within farm practice. They are useful. They've been shown certainly in NHS and small animals to decrease things being forgotten. I think it's fair to look down a checklist when you are maybe getting your kit ready for a caesarean to take it over to the cow, I don't think a farmer is going to mind you just going down a list, they don't necessarily want you opening a textbook in the back of the van, but I think just going down a list that might be pinned up in the van somewhere is reasonable.

Mel McPherson:

'Have I got my swabs, cotton wool, Hibi scrub, you know, whatever else. So we did this, we produce this list of things to remember. Not everyone's going to use everything on the list, but at least you can go down and say, 'oh, I don't use it anyway, that's fine. Have I got my guarding knife? Have I got my scalpel?' It's the worse worst when you get all over the cow, which might be a few fences away or a couple of barns away to realise you've forgotten something. So that's just about trying to make

life easier, make you look more professional because you're not constantly going backward and forwards. And we figured with the summer coming up, with new graduates coming out, it's just one less thing to have to worry about. Have I got everything I need? So not just on farm, but also have you got it in the van in the first place. So it sort of helps with both of those processes. So, that was something else that, I think, you can sort of share among practices, that hopefully will make just life a bit easier.

Pam Mosedale:

Yeah. And it must be great for the new grads as well, to give them a bit of confidence and security thinking that they're sure they've got the right things. And I think you said when we discussed this, that just discussing what was going on the checklist was an interesting discussion around the team, wasn't it?

Mel McPherson:

Well, that's right, just something as what I would say, as simple as a checklist provoked a discussion among my colleagues. Two points, one was, should we be using surgical spirit on wounds after we've scrubbed them with Hibi scrub, because in the NHS they've shown that it doesn't help, and also the idea being that if you pour it from too high up you're then where the hair is, you're then potentially re-contaminating the area. Therefore should be using it in the first place. And I was like, 'Oh, well, I always have, I didn't realise there was discussion that we shouldn't'. So that was really interesting. And the other one was I had steroids on the list to treat.. because the surgical kit was appropriate for caesarean and LDA [Left Displaced Abomasum] ops.

Mel McPherson:

And I had steroids on there for ketotic cows, and that provoked another discussion about whether we really should be using steroids in ketotic cows because there's some evidence that it can make the situation worse. And that's something I'd never considered. I used steroids because that's what I've always done. And it wasn't until a couple of my colleagues came back and said, 'oh no, there's evidence now that we shouldn't be', I wouldn't necessarily go and look up, should we still be using steroids in ketotic cows? I had no reason to question it. So it just shows that if you provoke discussion, even just something as simple as an equipment list, you can learn, and now I will reconsider whether I should be using steroids in ketotic cows, apparently mildly ketotic, it could be beneficial, but more severely ketotic, could actually be detrimental. So even that's just made me reassess what I should be doing. And I found that fascinating and I enjoyed the conversation that I had with...you know, email conversation, like sort of a group email conversation that I had with my colleagues about those things.

Pam Mosedale:

Yeah, and that might stimulate maybe a journal club, even, someone might want to go away and find the evidence because it could stimulate journal clubs in the practice, couldn't it?

Mel McPherson:

Yeah, exactly. Yeah.

Pam Mosedale:

And then, at the end of your audit, how did you get that information to all your colleagues when you finished the audit, and also that you've done your checklist, how do you communicate all these QI activities to your colleagues? We've

Mel McPherson:

Got a clinical meeting next Monday, [laughing] so I'll share it with them then.

Pam Mosedale:

But didn't you tell me that you had newsletters too?

Mel McPherson:

Oh, yes. Yeah, so I produced a newsletter to give the initial results, initial percentages of how many tickets had had these things done, but I will certainly follow that up with another newsletter with the results as well because I think that's important, as we said before, not everyone's going to be able to make the clinical meeting. I thought it's maybe an email could easily be missed or opened and think, 'oh, look at that later'. So I thought if I gave them a newsletter printed out in their trays, it's just another way of trying to get it across. Someone might be more likely to read a newsletter printed out already than they are an email. So it was just trying to find different ways of trying to get the information out to the farm team. And yes, I will once... I don't want to give a newsletter too often, I think, I don't want to overwhelm. So I sort of thought maybe every quarter, so I'll probably wait another month and then say, 'right, here are the results of the audit, and here's what QI has planned for the upcoming time'.

Pam Mosedale:

Yeah, no, that sounds great. And you can show your audit quite visually, can't you, in a newsletter too, or on notice board. I mean some practices... You found a newsletter works for you and as you say, it's got to be bespoke, and some practices might find a notice board if they've got somewhere, if they maybe haven't got so many branches as your practice has, and everybody goes back to one hub, maybe a big notice board where you could pin up some nice visuals, so the results might help.

Mel McPherson:

Absolutely. And I think, as many different ways of getting it across and even if you get one or two more people reading it because you've chosen another means of sharing it, then that's got to be a good thing.

Pam Mosedale:

So, Farm Vet Champions we have at RCVS Knowledge, have you got involved with that?

Mel McPherson:

Yes, I am one of the ambassadors for Farm Vet Champions. It's a great concept. The webinars that they provide are very useful, very good. And actually, a lot of what's in the Farm Vet Champion concept is similar to QI. A big focus for Farm Vet Champions is antibiotic use and that's certainly something that I want to be addressing in QI as well, guidelines for antibiotic use. So yeah, a lot of the concepts do overlap and I think it's a very useful tool to have. I hope we can make a difference through them as well.

Pam Mosedale:

Yeah. And the smart goals that you can set yourself through Farm Vet Champions. I think that's definitely part of quality improvement to be able to set goals for what you're going to do. And, so there's a really good smart goals too now on Farm Vet Champions, aren't there?

Mel McPherson:

Yeah, exactly. I think it's about just reminding people of the QI concept, keeping it in their minds, not having it as a strange concept that they like, 'oh, that's not to do with me. I'll ignore it', getting everyone on board, and I think that's the thing is involving the team and saying, 'well, how do you think we can make this better?' Not just coming in and dictating, this is what we need to do. It's trying to get their input as well because everyone is different. And just because I have an idea or a way I think, you know, it'd be good to do something, doesn't mean it's going to suit everyone. And it's amazing what other ideas people come up with, you know, it's a real bunch of enthusiastic, passionate people. There are so many ideas out there and I think sharing them is great.

Pam Mosedale:

Yeah, you're going to get people on board so much better if they're actually interested in the project and different people in the practice will have different interests in different bits. What about guidelines and protocols? Have you done anything around that?

Mel McPherson:

Yes, absolutely. And I think this is the key, we need to chip away at it. We're not going to do...you can't do everything at once. But I'm very keen to get some best practice guidelines together, but I felt that just putting out a whole load of guidelines, it's very easy to ignore that. So what I was keen to do is just do them one at a time basically, and have like campaigns. So a campaign, for instance, this autumn I'm keen to do a respiratory calf respiratory campaign. So encouraging the use of diagnostics, traditionally we've done serology, but maybe adding in nasopharyngeal swabs to that to pick up the more acute situations and trying to improve diagnostics. So we can then tailor the treatment and the vaccination programs, and encourage farmers to vaccinate.

Mel McPherson:

and that would so improve how we deal with calf respiratory cases, hopefully, decrease the use of antibiotics, which Farm Vet Champions will be pleased with, and increase the use of vaccines. And then other, you know, other things that can decrease pneumonia, such as, you know, good ventilation, good drainage, deep bedding, no leaking gutters, you know, that sort of thing, trying to introduce improvements that way as well. So rather than just going out and being reactive to a group or an individual calf pneumonia, actually take the opportunity whenever we can to try and investigate further. It's not going to suit every farmer. Of course, it isn't. But you know, if we don't offer, then they haven't got a chance to say yes or no. So, that's something we're keen to start this autumn and what's great is that other CVS practices seem to be on board with that as well. So if this is something we can do across the board, it's obviously going to be better for the farmers, better for the animals, and also, you know, gives us a better idea of how this campaign actually does improve things, has it increased diagnostics, has it improved vaccine use and has it decreased antibiotic use because that's really what we're aiming for.

Pam Mosedale:

Yeah. And you can measure those things. When you've got your guidelines in place, you can measure those things with an audit. So, we come around to full circle again. So that's really good. That'll be really interesting. I'll be really keen to speak to you again when that's got going and see how that's working. And the last bit of, well, not the last bit, because quality improvement is one of those subjects where we could both talk about it for ages, but another part of quality improvement really is how we deal with things when they don't go so well. Having significant event audit and having debriefs and things, and have you got around to doing any of those in your practice yet? Or is it something you're thinking of?

Mel McPherson:

Yes. I mean, I'd like to think that any vet could go to any vet, if there's a problem, it's maybe not always the case, especially if you're not seeing your colleagues for days on end. But if you have regular clinical clubs, there should always be an opportunity at the end to discuss things that people are worried about. I think it's really important that people are able to discuss things that might have gone wrong or felt they could do better and say, 'well, how do you do it?' And this is obviously relevant for newer qualified, but actually, I think what's really important is experience vets need to be allowed to do that as well. And there, I do feel there is a little bit of a reluctance for experienced vets to ask for help, but there's always going to be new things you come across, certainly, at Endells, LDA ops are performed in a different way to how they were done at my last practice.

Mel McPherson:

So although I've done lots of LDA ops, I haven't done it this way and I've probably only done four of which two were with someone else. So I feel like I'm still learning on that and I shouldn't be afraid to then say like, 'I couldn't quite get it to work. You know, what do you do?' And I went out with a colleague a couple of weeks ago to see how he did it. And I was a bit like 'I shouldn't be having to ask for help with this', but I think experience vets should be allowed to express things like that as well as the newer qualified. But, it should be open for everyone to be able to talk about it without any judgment, without people going 'okay, you should be able to do that by now', you know? And I think that's something that is better face-to-face and that's where regular meetings are really great. If, as I say, even if they're not every vet every time.

Pam Mosedale:

Yeah. And I think it's good to discuss some things. It's great to do it on a one-to-one basis, as you say, but also to discuss in a meeting because then you get the person who's made an error will then feel better if all the others are saying, 'well, I've done that'. Or 'I've nearly done that, this is what happened'. And also involving the whole team really, because a lot of these things can start with, especially communication things, and that's often what the errors are, can start with the person answering the phone. I mean, it can all start from there, can't it? The whole story. So if you get the whole team involved and looking for root causes, that's the important thing because often they're not what you think

Mel McPherson:

That's right. Yeah.

Pam Mosedale:

Brilliant. Well, it sounds like you're making a great start there and I'll be really interested to talk again in a little while, see how you're getting on with your audits, but also see how... Maybe talk a bit more about what you're doing group wide as well.

Mel McPherson:

Yeah, absolutely. We've managed to, we're sort of recruiting QI heads in each of the CVS practices. We've got 15 CVS farm practices, so it's a lovely number to work with. We've got lots of variety of vets in that group. Even in different parts of the country, obviously, farmers work differently. The businesses are different in each part of the country, whether you've got dairy, beef, or sheep. So it's great to collaborate and find out what happens in other parts of the country. So I'm really enjoying working alongside other people, and if they're putting themselves forward as a QI head, chances are, they're going to have the same passion for, you know, looking at what we're doing and constantly improving it that I do. And then it's just a case of them finding a way to disseminate that to the rest of their team, but they'll know the best way to do that because they know their team, they know the individuals, they know, you know, have you got a central hub or are you all separated at different

sites? So they'll be able to find what works in their practice. I can't begin to suggest how they might do things when it's a practice I've never been to.

Pam Mosedale:

No, I agree, because quality improvement's got to come from the ground up, but also it's good to have support from higher up too, isn't it? So just to finish, what would you be your advice if it was somebody was listening to this, they're in farm practice, haven't done anything to do with quality improvement, they're an individual practice. Where would you tell them to start?

Mel McPherson:

The first thing to do would be to go onto the RCVS Knowledge bite-size podcasts that are on the RCVS Knowledge website under learn. A lot of the QI concepts on there are very small animal biased, you and I are keen to try and get that more farm-focused as well, and maybe to have some more farm-specific ones, but it does give you an idea of the concept of QI, the importance of it. So watching a handful of those webinars would be a really good start. And then just starting, don't expect too much in one go, just pick one thing at a time. We're not going to move mountains overnight. It's just about chipping away. If you've got a spare afternoon, have a look at how tickets are put on, have a look at and do the Farm Vet Champions webinars, just find something that's going to work in your practice. You know, if you haven't got clinical club meetings, see if you can start them up. And just find one thing you can focus on at a time and then introduce that QI concept to the rest of your team and getting them on board.

Pam Mosedale:

That's great advice. Thank you. And thank you for talking to me. I think, hopefully, practices listening to this will be inspired. And as you said, if they go on the RCVS Knowledge website, we have more than 75 hours of completely free CPD, not going to cost you anything. And in the QI Boxset, we have got lots of little bite-size podcasts, which are great to listen to when you're driving around on your calls.

Mel McPherson:

And you didn't tell me to plug that. Did you, Pam? I just said that of my own back, because I found them really useful.

Pam Mosedale:

No, spontaneously [laughing] so thanks so much. Thank you, everybody. And speak again soon. Bye.

Speaker 4:

Oh, thanks, Pam. Bye.

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