QI Boxset

Webinar/podcast transcript: How Quality Improvement can help with Clinical Governance

Pam Mosedale BVetMed MRCVS

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, my name's Pam Mosedale I'm Chair of the RCVS Knowledge Quality Improvement Advisory Board and I'm going to talk to you now about how quality improvement can help practices fulfil the requirements for clinical governments. As I said, I'm chair of the RCVS Knowledge QI advisory board, I'm a vet, I'm also an assessor for RCVS Practice Standards Scheme. RCVS Knowledge then, their mission is to advance the quality of veterinary care for the benefit of animals, the public and society. How do we do this? We do this by championing the use of evidence-based veterinary medicine and trying to inspire a culture of continuous quality improvement in practice, and making resources available to profession and the wider public. I'd strongly recommend you have a look at the RCVS Knowledge resources. We are a separate organisation to the RCVS.

So clinical governance, we know it's in the code of conduct. So for all veterinary surgeons practicing in the UK and all veterinary nurses, it's in the code of conduct, that we must ensure that clinical governance forms part of our professional activities.

So it's quite a big ask. So what do we have to do? What does clinical governance consist of? Governance is a framework through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of clinical care by creating an environment in which excellence will flourish. This comes from human health care from Scally & Donaldson in 1998. And the important things there are the framework. First of all, clinical governance is about looking at what we do and trying to do it better. That's something, I've been in practice for more than 40 years and that's something I think everybody does, and everybody always has done, but we've tended to do it in a very informal way.

The thing now is to have a framework, a clinical governance framework. So it's all a bit more organised. And so things are done regularly, and it's about continuous improvement. And that's what we'll talk about how quality improvement comes in. And we want to improve our services. We want to improve the standards of clinical care and we want to improve outcomes. And I don't think there's anybody working in the veterinary profession or the veterinary nursing profession who wouldn't agree that those are excellent aims to have, and that's what clinical governance wants us to do.

So what does that actually involve then? Well clinical governance involves a lot actually. And a lot of it is covered by practice standards, but it's about managing risk in practice. So it's mostly about health and safety. It's about cost. It's about risk assessments for the current COVID crisis about seeing clients during that. It's about managing teams within the practice about all the HR kind of stuff. It's massively about communication, communication with clients about their animals. It's about having the right information. It's about using evidence-based medicine. It's about having IT systems and clinical records. It's very much about having training for team members, CPD, but also training on systems of work within the practice. And it's about clinical effectiveness and clinical audit. So let's just talk about what they are, because that leads us more onto the clinical part of clinical governance.

So clinical effectiveness, it's about how well a procedure achieves the outcome you want. So I like the phrase that came from Professor Alison Kitson, there was a professor of human nursing who said, "It's about doing the right thing and doing it right, doing the thing right". So, know what the right thing is by looking at evidence-based medicine, make sure that it is the right thing you're doing. Then once you know what the right thing is, do it properly do the thing right. So that's what clinical effectiveness is about. And if practices monitor their clinical effectiveness, then they can see where the issues are and promote good clinical care and improve if they need to.

So how do you monitor clinical effectiveness then? Well you monitor clinical effectiveness by clinical audit, and clinical audit is about collecting and recording clinical information with the aim of monitoring that quality of care. So those two things are our pillars of clinical governance, but it involves even more than that.

So clinical governance is the framework system. Like I said before, about understanding what we do, seeing if we need to do it better and improving if we do. So clinical governance tells us what we have to do. Quality improvement is about telling us how we can do it. It's a systematic approach to the enhancement of performance. It involves use of quality improvement tools, which we'll talk about, to identify gaps, to see how we're doing, see if we're doing well or not. Analyse data, see from clinical audits, et cetera, and then make changes and test changes to see if they have made an improvement. So, as I say, clinical governance tell us, sets out what we need to do. And quality improvement helps us to actually do it.

So quality improvement, the definition is 'the combined and unceasing efforts of everyone to make changes that will lead to better patient outcomes, better system performance and better professional development and learning.' So again, I think you know, those are laudable aims and something that we'd all be wanting to do.

So how does RCVS Knowledge, get involved in this, then? Well RCVS Knowledge, have a quality improvement campaign. And the point of the campaign is to support practice teams to get continuous quality improvement embedded in practice and to use an evidence-based approach, to have a structured system of clinical governance and quality improvement. It does this by providing lots of quality improvement tools. It aims to promote quality improvement throughout the veterinary community so that everyone knows what's happening with it and can get engaged in it. It aims to drive a cultural change where people are open to the prospect of analysing what they do, changing and ultimately improving that we don't stay in the little bubble of thinking what we do is fine them not actually checking what we do is fine. And the RCVS Knowledge, quality improvement campaign wants to lead in a harmonised approach, so they've got lots of people doing lots of different things, but

everything's drawn together. And as a profession, we can have shared learning to advance the delivery of quality care, which is what we're trying to.

Getting down to a bit more practical stuff then. So what, what should practices be doing for clinical governance? There is a whole presentation on what's needed for practice standards, which I recommend you have at too, but the kinds of things practice for doing for clinical governance is communication, absolutely vital. Holding practice meetings and holding practice clinical meetings and discussing clinical cases. And then making decisions based on what's discussed, if changes are made, recording them and then discussing it again. Following it up feeding back CPD information where members of the team have been on CPD courses, bring it back and spreading it to other members of the team so that everybody learns and have a learning culture. Using clinical audit, as we said before, to measure our clinical effectiveness. So looking at outcomes with outcome audits and outcomes and procedures. Looking if we're following processes, looking if we're following guidelines or protocols, looking at significant events that happen in the practice where something has gone, often something has gone wrong, but it can be anything that's gone right too. One case followed from beginning to end to look at the root causes, having M & M morbidity and mortality meetings.

All those things are parts of clinical governance. And I'll show you in a minute that quality improvement has tools for those. Using protocols and guidelines, drawing up protocols and guidelines, using checklists to help with memory and to be a communication tool using systems of work and then that biggie trying to have a practice culture of learning and improving.

When RCVS Knowledge last year did a survey about the main barriers and challenges to engaging with quality improvement, not surprisingly 74% of people said it's because they didn't know how to start. And I think that's the same with clinical governance and practices. For about half of people it was not having enough time and that's always a big barrier and issue for anything we're trying to in practice, because we're always so busy. It's hard to find the time. And the same number of people thought if their organisation wasn't supporting it and helping them to do it in, in a timely manner, it was difficult.

Looking at the barrier of not knowing how to start, see if RCVS Knowledge can help and they can supply quality improvement tools free on our website for practices to help to get this clinical governance structure in place. So the things that they do are, as I mentioned before, in the clinical governance policy, things like how to run significant event audits, how to create and use guidelines, how to create and use checklists, clinical audit, outcome audit, process audit, and also all clinical audit leading to benchmarking and having that open communication, culture, leadership, and teamwork. So we're talking about that and how they all fit together.

The resources on the RCVS Knowledge website under quality improvement - do have a look there's brilliant resources on there. As I say free CPD, excellent resources. So please have a look after this presentation.

Another thing that practice can do is run journal clubs as well as have meetings. And there's some very good information on that at RCVS Knowledge. We've got a presentation on it and article from Clare Boulton, the RCVS Knowledge Librarian. Journal clubs are all about discussing recent articles from scientific literature and trying to make that link between what happens in research and what happens in practice. They're very good at helping the team to develop their critical appraisal skills and be able to read papers and see where

they're good and where they're not so good, they definitely stimulate team discussion and debate and help with drawing up clinical guidelines and in clinical guidelines, we expect people to look at the evidence base. So they encourage use of evidence-based medicine.

Significant event audits - really important. This is where I say, one thing that's happened, maybe something that's gone wrong, maybe a near miss is discussed, or maybe it's something that's gone well, as well is discussed from beginning to end. So significant event, audits they're not quantitative forms of audit. They're about looking at one thing from beginning to end and trying to look for the root causes. And they can be very, very useful ways to deal with issues that have happened following client complaints after near misses, after something, as I say majorly going wrong or something much more minorly going wrong, but just anything, anything that impacts on the running of the practice they don't have to be the desired big disasters, just anything. It can be things like lost lab results, just as easily as it can be something more serious like an anaesthetic death.

On the RCVS Knowledge website, there is a template for significant event audits to guide the meeting as the meeting needs to be a no-blame meeting when everyone discusses what's happened and tries to look for all the different causes, the human factors, the factors to do with the patient themselves, the communication factors the system factors or whether there it's a system. And then to make recommendations based on that of whether we need to change systems or draw it up systems, or have more training for team members of CPD or have further audits. But most importantly, as it says here, significant event is about addressing systems, not about blaming individuals, it's trying to make systems better, not to blame people. And it's about trying to make sure that we have lots of positive outcomes and that negative outcomes don't recur again.

So as I say, there's a template for a meeting as a walk through examples and some great case examples on there, so please have a look on there. Guidelines and checklists, there's a whole section on drawing up guidelines. And the important thing here is that they are drawn up with the team cooperation. So everyone's involved going away and looking at the evidence base, coming back, seeing if they can draw up a clinical guideline then actually making that guidelines specific to that particular practice. It's very important that the guideline is relevant to the practice it's used in. And then once it's been used it can be audited by a process audit, but also getting the team on board if they had been involved in drawing it up it's usually easier and getting the team to discuss why it's not being used and what the barriers are, and then addressing those barriers and then auditing again, it's a great way to do it.

Checklists are really useful, surgical safety checklist, particularly with case handover checklists, and other checklists and RCVS Knowledge have a surgical safety checklist manual, with lots of surgical safety checklists from lots of practices that have contributed. There was also lots of case studies on there. There's also case studies about guidelines and a course about drawing up guidelines, a CPD course. So if you want to get going with guidelines and checklists it's all on there.

Audit and clinical audit, there's a whole section, there's a CPD course, which is an hour long. So that's an hours free CPD. There's a clinical audit template to fill in there's clinical audit walk through. And there are lots of different case examples on there. Lots of them from winners of the QI awards, but lots of good practical, real veterinary case examples to look at.

An audit can lead to benchmarking if practices audit and the results of something they're doing, like for instance routine neutering and the complications of routine neutering, it can then be submitted into a national audit. Then that can be a benchmark of what results are overall and practices can compare their own results with the benchmarks. So there's currently a national audit for smaller animal neutering, which is for postoperative complication rates in cat, dog and rabbit neutering, male and female. And it can give a practices an idea of the average and they can see whether they are better than the average or worse than the average and can start looking at what they might need to do to improve. So this is really useful and it may be in the future this audit is going to become an audit for other surgical procedures, not just neutering. So some really useful information have a look on there. More importantly, submit your own data to it because the more data that's submitted, the more real and realistic the benchmarks are.

There's also the canine cruciate registry coming up, which is about collecting data on all the different methods of canine cruciate repair, whether it's done in specialist referral practice or in general practice and eventually will be a great resource to evaluate which surgical techniques which implants lead to improved outcomes and should be able to help with decision-making. So that's another benchmarking is also going to be benchmarking of antimicrobial resistance or the is some of that at SAVSNET and that's going to be developed more.

So how does this all fit together? So starting off a practice might look at a significant event. They might, as a result of that think, okay, we should have had some guidelines, CSO or protocols. So that might lead to the creation of a protocol or a guideline. And then the practice might decide to audit that guideline. So may have drawn up a guideline as a result of a significant event for cats, with renal failure, how often their blood sample or whatever. And then they might decide to audit how the practice are complying with those guidelines. So it can lead to audit and audit can, as we said before, can lead to benchmarking checklists a significant event audit again might lead to the creation of checklists. Checklists again, can be audited and the impact they've made, and the improvement they've made can be audited. So everything's linked together and if practices start with one or two of these things, they get drawn into doing it all. There's lots of useful information there to get you started just get started, do one or two of the things and the rest of it becomes clearer. Also participating in these things can lead to changes in the practice culture. And I think we all want to work in practices that have a adjust culture, a learning culture, where people are not blamed when something goes wrong, but things are learned from what's happened and changes are made.

And that should be a culture where people feel safe to report things that have gone wrong or to raise concerns. And that everybody is listened to that everybody in the team is listened to equally, there's not that hierarchy. So open there's good leadership. And that non-technical skills like leadership, teamwork, situational awareness are all promoted because the technical skills are learned by vets and nurses during their courses, but the non-technical skills are also really important for the results that we get. So basically quality improvement can give you the tools to do your clinical governance in the practice. Quality is everyone's responsibility. Everybody in the practice should be aiming for more quality. Little things that we change, providing we change them and monitor the fact whether the change has helped sort of close the loop of making a change and then auditing again. There's little things, tiny gains and can build up to make much bigger gains.

I know everybody is busy, but we have to make time for quality improvement and clinical governance and little bite-sized bits of CPD are useful. Just short times in the day, when you can actually start to look at some small quality improvement projects, maybe just a process audit of a protocol maybe just as protocol for maybe for admitting animals and consent forms. And just do a quick audit of how many consent forms are signed and how many have an estimate on, and that's a quick audit, which then can be taken back to a meeting discussed with the team, the barriers, why it's not happening discussed, changes made and another audit. So start with small things, build up to bigger things, but improving continuously improving quality is what it's all about. Thank you.

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For free courses, examples and templates for quality improvement in your practice. Please visit our quality improvement pages on our website at rcvsknowledge.org