



National Audit for Post-operative Outcomes

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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 talking to Jenny Brown. Jenny is a vet in clinical practice. She's a senior clinical director, but she's also the clinical lead for RCVS Knowledge National Audit of Postoperative Outcomes. Hi Jenny.

Jenny Brown

Hello.

Pam Mosedale

So that sounds really interesting. How did you get involved in that?

Jenny Brown

So, I actually saw an advert that RCVS Knowledge had published advertising the Clinical Lead role and thought, oh, that looks interesting, but not sure I'd be good enough to do it. And then one of my colleagues actually emailed me later that day with a link to it saying, you should apply for this. And I thought, oh, maybe. And then I thought, why not? Um, I've worked in the first opinion practice my entire career, and I'm very much a first opinion vet. So I do a bit of everything still, surgery, medicine, imaging. I've developed a bit of an interest in Quality Improvement over the last few years, partly through doing a Master's degree in anaesthesia that had some modules on human factors and just starting to understand the benefits it can bring to teams and also to the animals we look after. And I thought this role seemed like a good way that I could, I guess, do my bit and give a bit back to the profession that I really enjoy being part of.

Pam Mosedale

And what is the National Audit of Postoperative Outcome? So what will it be when it, when it gets launched?

Jenny Brown

Well, good question. It's a project that basically aims to design an audit that will look at outcomes from various surgical procedures across the practices in the UK. And we want it to be a tool that practices can use to benchmark their outcomes and identify areas where A they're doing really well, and B perhaps areas they can make little improvements that would benefit safety of patients they're looking after.

Pam Mosedale

So, we, we hear this term benchmarking. What does that mean?

Jenny Brown

It's a good question, isn't it? It's a term we hear a lot. Um, so basically benchmarking would allow a practice to compare their outcomes with the standard of the industry and looking at maybe, as an example, their wound infection rates after dog castrates, they might have a percentage. And how does that compare to practice across the country?

Pam Mosedale

Okay. So practices could do their own audits, couldn't they? But this is about comparing them with other people's.

Jenny Brown

Yeah, and I think it allows, it's really about bigger data. So a practice can do their own audit, but actually they might have no idea if an infection rate of 10% is good compared to average, or is that loads of infections actually, is that the expected level or not? So it's starting to put it into context with a bigger picture and with more data. It also might, one practice might do things in a set way. They might use certain suture materials. And actually then they can't tell whether changing a suture material would lead to a better outcome without trying it. Whereas if they can compare with other practices that are using different techniques or suture materials, they can maybe say, oh, actually, maybe we should try that, it might guide improvements.

Pam Mosedale

What kind of surgical procedures will be included then?

Jenny Brown

Well, our ultimate aim would be that we would include all surgical procedures that are routinely performed. To start with first opinion practice in the UK, now that's kind of a huge scope looking at electives and emergencies, and we want to include as many species as possible, so whether that's small animal, equine, farm animal, exotic. Realistically, that's such a huge scope, we may well start focusing on certain procedures, whether that's elective procedures rather than emergencies. But dreaming big, our goal is that you could look in there how your practice compares for any surgical procedure.

Pam Mosedale

Wow. That that would be amazing, wouldn't it? And as you say, it's a ambition, but yeah, starting with elective sounds a good idea. They do this type of thing, don't they, in the NHS, they do benchmarking a lot in human healthcare.

Jenny Brown

Yes, they do. And that's obviously they're miles ahead of us with things like that. And we're hoping to be able to draw from their experiences and learn from the journey they've been on as part of this.

Pam Mosedale

And it's important now for practices even more than normal to be doing clinical audit because clinical audit's now a GP requirement in practice standard scheme. So I presume that practices who participate in this will be able to use that as evidence that they're, um, doing clinical audits.

Jenny Brown

Yes, definitely. Definitely. That's what we'd hope. Also nurse training, I think the student nurse's now have to be involved in auditing as part of their portfolio. So it's hopefully something they can use as well.

Pam Mosedale

Great. So it should be really useful, but how easy is it going to be for practices to actually participate? Because I think that's the key, isn't it about collecting the data?

Jenny Brown

Yeah, definitely. That's what we are currently working on because in my mind, it has to be easy to input your data and collect your data for people to actually do it. Because we're all really busy. It's also got to be useful to the practices. They'll only do it if they get something back, so we want to make sure that the data that comes out is relevant and useful to them as well.

Pam Mosedale

Yeah, that, that would be really good, wouldn't it, for them to get their own data back and the comparisons. So maybe would it ultimately lead towards, you know, if they got particular issues, would there be educational resources around this?

Jenny Brown

Yes, definitely. So as part of it, we want to produce resources and link to resources that already exist about how to do audits, but also how you can use the data you've got back from your audit to identify areas to improve and how you deliver those improvements.

Pam Mosedale

And I suppose it might be useful to link it to things like infection control resources that we have if people are having issues with post op infections, et cetera.

Jenny Brown

Yeah, definitely. And there's so much really useful information out there already. A lot of it, we're not going to have to reproduce, it will just be here's where you can find some information on that. So sign post people in the right direction.

Pam Mosedale

So, it sounds like a massive job, Jenny. I hope you're not going to be doing this by yourself.

Jenny Brown

Absolutely not. So we've obviously got involvement from RCVS Knowledge with project officers, but also what we've been doing at the moment is putting together two working groups. I've put together an advisory group and this has been really my first challenge as the Clinical Leader is identifying who might be good on the groups and approaching them and persuading them to join us. Um, so our advisory group is predominantly made up of specialists and they're going to be involved in the, sort of, the definitions here. What is a complication because the more you think about it, the more you realize, oh, hang on. First of all, we've got to work out what we're going to define as a complication and what level of complication. So they're the clever technical people who are working away on that at the moment. How we grade our complications. We've also put together a steering group and this is the group who are really going to be driving the development of this platform. So, they're going to guide what our priorities are, so are we going to start just looking at electives? How are we going to design the platform? They're going to test the platform and the steering groups made up of quite a diverse group of people, so vets, nurses, we've also got representatives from outside our industry. So people who bring information and knowledge from human healthcare and human factors from a human healthcare point of view, as well as a representative of an owner, because they're fairly important to all of this as well. They're going to potentially have some input. So, they're quite a diverse group of people who are going to hopefully bring loads of different knowledge and experience to help us put this together.

Pam Mosedale

Absolutely. And I suppose, yes, there are really good points about how you're going to define what your post op complications are and over what time period. It's not something, it doesn't happen within the first 10 days, but happens later than that, is that going to be classed as a complication? It's, it's very interesting stuff, isn't it?

Jenny Brown

Definitely. And actually when you start thinking about it, that's where we thought our advisory group needs to start, because before we can even think about how we build the platform, we need to have the basic idea of what data we want to collect and over what timeframe, because that guides how we develop, how it's input.

Pam Mosedale

I think that's really interesting that you've got an owner representative on there too. I think that's such a good idea, because there's lots of potential with these things, isn't there, for practices to be letting their clients know that they're doing these things and taking that amount of care to be measuring their outcomes.

Jenny Brown

Definitely. And the other thing we've been discussing is that if we only collect data from practices, we might miss some complications because some animals are lost to follow up after surgical procedures and my practice does a lot of work with charities and some of those animals never come for a post op check unless there's a problem because the center managers are so used to doing them, they check them themselves. And so it's thinking about how we can get hold of that data as well.

Pam Mosedale

Yeah. That's a good point to try and involve the charities, et cetera too. So yeah, it is a huge project, isn't it? But at the moment, Knowledge already have a National Audit for Small Animal Neutering, don't they, which has a grading system.

Jenny Brown

Yes. And it's, but we're very lucky actually coming in at this stage because we can take what they've done and use it as our baseline. So we're currently reviewing their grading system and reflecting on how it's worked, because my practice certainly uses that grading system. And I think potentially there is scope to tweak it a little bit to potentially make it a bit more usable because some of the grades are quite broad. So it's whether we need to just tighten them up a little bit, but it's very useful thing to have already running because it's obviously quite similar so we can steal their ideas.

Pam Mosedale

Yeah. And practices that are dying to get involved in this could in the meantime, start off by submitting their data to the NASAN, the Small Animal Neutering Audit, couldn't they. What sort of timescale are you looking at, Jenny?

Jenny Brown

Realistically, it's a long-term project. So, I think we are probably looking at developments over the next couple of years because there's a lot of background work and we want to launch it and make it usable straight away. We don't want it to launch and be hideously clunky and fall over the whole time and people get fed up with it because it potentially is something that can really benefit, I think, the patients that we treat, so we want to take the time to get it right.

Pam Mosedale

Absolutely. And that's the ultimate aim, isn't it? The benefit for the patients. And if you, you know, practices don't measure what they're doing, how can they know if they're doing a good job or not?

Jenny Brown

Definitely. And I think the other thing is that hopefully out of this, we may be able to produce some data that we can publish on complication rates. Because actually if we don't know where we are at the moment, like you say, how can we improve? But I've always felt that in first opinion practice, we see a lot of animals and we generate an awful lot of information that a lot of time doesn't ever make it into the evidence base because we don't publish it and we don't do it in the right way to publish it. So hopefully this is something that we can actually start to produce real evidence to help the animals and their owners.

Pam Mosedale

Yeah. That's always a problem in the veterinary world, isn't it, not having the evidence base. Gosh, it sounds so exciting. I think everyone will be really keen to join up with this once it starts. And the beauty of it, of course, is if it's all kinds of procedures then just about any practice should be able to do it.

Jenny Brown

That's our hope that we can appeal to the practices. And, like I said, make it easy to use and actually useful for them and relevant to what they're doing so they can, you know, if they think, oh, we've had

the last few fracture repairs we've done, doing this procedure, we haven't had great outcomes. They can then go and benchmark themselves. It's not really about anybody sitting in office and looking at them and producing league tables. And you know, this practice is bottom of the league table. It, I don't see it as being something like that. It is something that it's a tool that practices can use themselves to help them, not to rank them in order or anything, something they can use

Pam Mosedale

And it can reassure practices when they are doing a good job too.

Jenny Brown

Yeah. Also help them celebrate it. You know, it's really nice when you have nice outcomes and actually to then be able to say, you know, over the last year we've had a lower post op infection rate in dog castrates than the national average. That's nice actually. And people feel they're doing a really good job.

Pam Mosedale

Good for team morale. Yeah. Brilliant. Well, it sounds so exciting. And I think what I need to do is come back and talk to you again, probably at about another six months or so to find out where you're up to with it, because I'm sure that all our listeners will be really interested to know when this is going to actually happen. So brilliant. Thank you so much for your time, Jenny.

Jenny Brown

Thank you. I'd definitely be happy to talk to you again in, in six months or so

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