



QI Boxset

Webinar/podcast transcript: Getting started with Quality Improvement In Practice

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

Lizzie Whiting

Hi, my name's Lizzie Whiting. I'm a vet working in Cornwall at the moment and we're going to talk about getting started with Quality Improvement in your practice. First thing to think about, we're going to go through in these slides is what is QI, why do we need it? And then we're going to look at how we can integrate QI into our everyday practice experience. So why QI, why do we need to do it? And the most important thing for me is to improve our patient outcomes by the quality and the united approach to our care. So if everybody on the team is doing similar sorts of things and we're doing them to the highest standard that we can possibly do backed up by evidence-based medicine, then our patients are gonna get the best outcomes that we can possibly give them.

And in coming up with ways of doing this, we will further our professional development within the team and also the cohesion within the team. So if you know that your patient has been seen by Sarah on one day, and she's seen the dog with the poorly ear, and then I see it when she's on holiday, we know that those conversations that she's had with the owners, I can follow those up and then we can continue with the care in a very cohesive approach. And then the dog will get a better result at the end of it. It also does feed into to the business as well. So if we're providing an offering good quality care, you will get better business outcomes as well. So if we tend to be more efficient, we can be more profitable and a better customer experience, which I think is really important as well.

So there's nothing worse for the clients than going in to see one vet and they say one thing, and another vet says another and they end up very confused and they don't know what's happening. Offering appropriate testing at appropriate times provides better patient care. And it will, as a knock-on effect have an impact in profitability. It's not all about making money, but good clinical work does lead to improved financial performance. So who benefits? Is it the boss who benefits from this? Are we doing all for them? Is it the RCVS? So are they going a benefit? Is it us as vets that are benefiting? I think for me, the most important thing always drives my desire to do better is our patients. And I think that they are the ones that really genuinely do benefit.

And as a knock on from that the team and the business do benefit as well. Your own personal job satisfaction can benefit. But it does so because we know we're helping our patients. So what does it involve? So QI is a framework, it's a building block it's a set of

tools. And we can look at animal safety characteristics. So something that springs to mind is, is anaesthetic guidelines, anaesthetic checklists, things like that. Clinical efficacy, are we doing the best treatment modalities for any given condition? How are patients finding coming into the practice? So feeding into this can be things like cat friendly handling to become part of the QI. And some dog behaviour work, talking to owners about decreasing anxiety in traveling in cars and things like that. So you can have guidelines that look towards that.

The client experience. I touched on this before that if everybody is saying more or less the same thing, then the clients are going to be less confused and are more likely to be compliant, because if they've been told one thing by one person and one thing by the other, how do they know what to believe on what to choose? And it helps the communication. So that feeds into this next point. Good communication between the team, good communication from the team to the clients. And it just makes the practice flow more easily, makes everyone a bit less stressed. There's many, many sort of outside effects that having a good QI framework can impinge on and having everyone able to access it and feel like they are part of the process, I think is very beneficial.

One thing to note it is part of the practice standards requirement. So clinical governance and quality improvement is part of the practice standards assessment at different levels for the different assessments. Just to kind of make it clear on what these words mean. So clinical governance tells us what we should be doing. Okay. It sounds a bit of a scary term, but basically it's what should we be achieving as a practice? Quality improvement gives us the tools to do it. So it guides our processes towards improving our standards of care. So it's a slightly technical point, but it's worth bearing in mind that these phrases are going to be used in the practice and assessments. And it's useful to know what they are. So clinical governance, what we should do and quality improvement is how we do it.

So integrating quality improvement into the practice. So it can seem like quite a big daunting task. When we look at all the things we can do. I've done this a couple of times. And if you have a good framework to work from and you work through logically and you don't do too much too soon, then it does kind of flow in and start to integrate into your everyday working life. I think the most important thing is getting everyone on board. If everyone's not on board, it does make it a much harder job. And the approach that I try to use is to say, look, we're doing this for our patients, because at the end of the day, vets and nurses and admin team, we all want to make our patients better. So if everyone can be very much on board with that message, that our goal is to improve patient outcomes.

And we know that there's other effects that happen outside of this, but to get everyone on board talking about patient outcomes will win them over, quite easily actually. There is the RCVS definition, you can find that on RCVS Knowledge and that encompasses that as well, so it's 'The combined and unceasing efforts of everyone to make changes that would lead to better patient outcomes, better system performance and better professional development.' So there is an element as well that this will help improve each individual team member in their own professional journey. And as a benefit, again, the patient outcomes will improve. What we're trying to do is provide a framework for discussing any issues that arise and finding solutions. And it's really important that it's in a calm, no blame environment. So we think about quality improvement, sometimes when things have gone wrong, there's been a disaster.

Everyone's a bit excited there's a bit of shouting going on. Nobody's going to learn in that situation. No benefit is going to come from that situation. So taking that scenario, recording it, because it's something that needs to be discussed, but at a time in a structured meeting, "right, this happened, this was a bad thing that happened. Let's look at what happened, let's see how we can not have that happen again." Talk about how we can formulate the meetings to make those a no-blame moment. But it's really important when we're talking about these QI meetings. That that is a key point because people worry, particularly with the word clinical governance. It's like, "oh, we're all gonna go in and we're all gonna get shouted at." It's not about that. It's about finding good solutions and it's also really important to structure the meetings and structure the system.

So it's sustainable. It's something that needs to be ongoing. You don't just have one meeting a year and then forget about it. That's not going to provide the same quality of improvement that you should ideally be striving for. We also need to allow for review and revision. So may draw up an amazing looking guideline and we are working away at it. And then some new bit of research will come out or some people go on to CPD and something else has been discovered, or a new drug will come out that's more appropriate for treatment, and we need to review those guidelines. And this is happening all the time. So we need to have a system for reviewing it. And some things, you know, they don't change. You come around, you review how you treat aural hematoma as there's been no change for 12 years.

And we still do it the same way, but equally that there may be a new anti-vomiting drug. I remember when cerenia came out, it's like, wow, I've got this amazing new drug. And so we reviewed our systems then. So you need to allow for review and revision in a sort of reasonably structured way. Practice standards can feel a bit like a box ticking exercise. It's not meant to be that it's genuinely meant to be there to help make our practice life better and to make our patients' lives better as well. Again, talking about the team dynamics you can have, you'll have different personalities within your team. So some people will hear about this and be like, "yes, let's get on, let's have a meeting next week it sounds brilliant." Some people will just try and pretend the whole thing doesn't exist and you sort of have to drag them along to meetings and they sit there and don't engage at all.

Some would just be really nervous that they're going to go there. If they put any agenda points on, then everyone's got around on them and lambasted for even mentioning it. I think sometimes nursing staff can feel a bit anxious about contributing. It's really important to say no it's going to be a structured conversation and we'll look at everyone's points. We may or may not take them up, but we'll discuss it. And yeah, some people just don't want to show up at all. It's kind of those can be the, it can be more tricky to get on board, but again, I think really highlighting is the patient outcomes that we're aiming for improving those. Hopefully we can get people on board.

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