QI Boxset

Podcast transcript: Setting up QI in practice.

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RCVS Knowledge:

Welcome to the quality improvement boxset, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi everyone. Today, I'm going to talk to Lizzy Whiting. Lizzy is a Liverpool graduate from 2001 and she works in small animal practice in Cornwall. She's worked in mixed practice, now she works in small animal in first opinion practice. I'm going to talk to Lizzy about setting up quality improvement structures in practice. So Lizzy, how did you first get involved in or interested in quality improvement?

Lizzy Whiting:

Hi Pam. So my journey into quality improvement and clinical governance started with Jill Newt at my last practice. She came in one day and said, right we're looking at improving our quality improvement, our clinical governance across practice. She was RCVS president at the time. And she said, we're going to start having these meetings. And we we're all, ooh, what does this mean? What's this going to evolve? And the more we had the meetings and the ideas developed and we shared information and it was a really positive environment to be able to do so, the more benefit I saw from it.

So when she came towards retirement she said, you know, would you be willing to take on running these meetings and, and implementing the things in practice? And I said, yeah, sure, yeah, sort of followed on from that. And went to CPD run by yourself, which was brilliant, really enjoyed that, learnt some more from that. It was quite nice as some of the things we were already doing was what you were suggesting. And we added some extra bits and refined it.

When I moved practice two years ago, they had didn't have any sort of formal quality improvement meetings. So we started from scratch. So, I have my, my information that I bought my last practice and involved them in getting it going. Cause that's been a real big learning process and hopefully everyone has benefited from that.

Pam Mosedale:

Good. How would you advise another practice wanting to get, wanting to get started then? How did you get this practice started?

Lizzy Whiting:

Yeah, so I think the most important thing at the very beginning is to get everyone enthused about the idea of quality improvement. So quality improvement is how you achieve clinical governance. Clinical governance is what needs to be done. And the QI bit is how we achieve it. Clinical governance sounds like a bit of a scary term, so I tend to use the quality improvement term, but getting everyone on board, seeing why it's important.

And what I tend to, what I suggested was we're looking at improving our patients' outcomes. And I think vets, and vet nurses and the admin team, we want to make patients better. We want to improve what we do. We want to provide the best service we possibly can. And by saying that this is going to be a way that we can do that and we can share our knowledge and we can come with a united view at different things. We're not getting confusion between vets, between clients. And then our patients will all benefit.

And I think that's the most important thing to start with, get everyone on board with the idea, not scared of the idea. And then there's various logistical things that you need to put in place. Getting the practice manager on board or whoever runs the diary is really important because you need to block off some time. We sort of recommend about an hour every four weeks. It might be an hour and a half, every six weeks, whatever, whatever works out, but getting some uninterrupted time in the diary, which sounds impossible, but it is possible.

We've been doing this many years and you can do it as long as you have, you know, other, other ways of making sure that the calls are answered or messages taken or whatever, having that time, you may be able to benefit one patient in the short term, in that hour or two patients or three patients, but taking some time to do the quality improvement meeting where you could benefit hundreds of patients in the practice going forward.

Lizzy Whiting:

So yeah, a bit of logistics, bit of enthusiasm, and then organizing the meetings and making sure that you're, you're covering the appropriate topics reviewing, following up and keeping it as an ongoing process that's sustainable within the practice.

Pam Mosedale:

So what about those QI meetings in the practice then, any tips for running those?

Lizzy Whiting:

Yeah, so I think having somebody that is your QI lead or your ambassador or whatever you want to call them, getting them to collate an agenda, but the agenda is fed by the team. So give the team a method in which to put in agenda points. So for example, I've used having a QI as a client on the practice management system, and then having various animals underneath with different topics. So it could be critical events, or it could be near misses or just general information you've learned from CPD or things that have happened.

So as things happen in the practice, get them noted down. Oh, that would be a good thing to discuss at QI and getting that as part of the culture of the practice that when somebody thinks of something, they plop it in the QA box. So it took a little bit of encouragement to start with, and it's still probably an ongoing process.

Lizzy Whiting:

Somebody will say, Oh, this has happened. Okay, put it on QI we'll discuss it there. Oh yeah. I forgot about that. So just that constant encouragement of getting people. Yes. You can put it down, we will discuss it. We do value what you say. And then a little bit of it again, sort of administrative organization of the agenda to make sure it runs logically and then discussing it and then taking an action plan from that meeting, assigning teams to action the points that have come out and then reviewing them at the next meeting, has it actually happened? And that's kind of a key point. Great. Having the meeting, everyone gets enthusiastic. You can forget about it for weeks to come around. Has anything happened? No. So you need to have somebody there. That's just have you, have you done your agenda points? Have you done your action plan? This is what needs to happen. So yeah, it does require a bit of energy and enthusiasm and some team members are really up for it and some are really not, and that's going to happen, you know, across the board that always happens. But as long as you get most people excited about it, most of the time, then, then you should have some chance for success.

Pam Mosedale:

That's the key, isn't it to get the team on board and let them see the benefits of it. I think that really is the key. What about drawing up protocols or guidelines in the practice? Do you involve a team in that?

Lizzy Whiting:

Yeah, for sure. So protocols and guidelines they're kind of, they are two separate things. I think sometimes the names can be used interchangeably and then your SOP is your standard operating protocols, those are kind of separate again. So the protocol is for process with a known outcome. For example, there has to be a certain way that you, I don't know, take a, take a BACS transfer and the email comes through and you process it. And that only has to happen one way. And there is fairly rigid structure. A guideline is more applicable to clinical situations because they're a little bit more fluid.

What I tend to suggest is we formulate our best practice model. We do the research, we find the evidence. If there is any evidence, there isn't... Everything in general practice, there isn't evidence for. And, but we've got to gain as much information as we can. We put it together in a logical format. And that forms a framework where everybody's kind of singing from the same sheet. So for example, treating ear disease in dogs is one that we've looked at. And so what are we going to do diagnostically?

And if every vet is offering similar things, the clients are less confused and we get sort of a more cohesive approach. So for example, if I start off an ear case and I've taken a swab and I've seen this, that, and the other, and I started on these meds and it comes back in, I'm on holiday and

my colleague sees the dog and they see I've done the swab and they've seen what I've given it and the dog isn't better. Well, okay. So we need to go to the next step. So maybe we need to do a culture, or maybe you need to do an ear flush or whatever the guideline happens to be. So you get this, this continuity of care, even if you have different vets. And obviously the ideal situation is you have the same vet with the same case, but we have to be realistic. It doesn't always happen...

Pam Mosedale:

It doesn't always happen in real life. So you're getting the team involved at this stage of actually writing the guidelines?

Lizzy Whiting:

Absolutely. So it may be that there's no point in trying to get a surgeon to write a Cushing's guideline, because they will have no interest, but there'll be somebody who's really interested in that. And they've done the CPD on it. So tapping into those skills within the team, and you've got somebody who's really passionate about something, encourage them to write the guideline. It may be for some of the anesthetic protocols, a vet and the nurse working together would work really nicely. So I've done this with crash protocols in the nurse home. She'd been on a CPD and we worked together and I looked at the drug doses and things like that. And we worked together on it, came up with a nice plan that we could update our crash protocol for. And because she had ownership of doing that particular guideline, she then she really ran with it.

She did a fantastic job and got a new box and all sorts of different things and things I haven't thought of. So that was a really useful thing. And because she had ownership on it, she was very keen to share it with the rest of the nursing staff. Look, we've done this, and then we've got this and we've got these guidelines. We've got these drug sheets and things like that. So yeah, if you just have one person going on, this is your guideline. People go, I don't care. It's not relevant to me. If you get everyone feeding back their ideas... And certainly that's kind of step one of formulating the guidelines, find out what everyone else is doing. 'How Do you treat ear disease? Oh you do that do you? Oh, that's really interesting.' 'How do you do it? Oh, okay. I've never thought about doing that.' And there could be little things.

We were talking one clinic governance meeting. It was ages and ages agoactually, about the clinical exam for doing a, just a vaccination consult. And one the vet said, Oh, I always make sure I check all the mammary tissue in the female dogs. I was like, okay, well I usually run my hands under, but I don't particularly... Feel it particularly, And I started doing that. And another vet said, well, I always check for elbow effusions and stifle effusions, just a quick check. It also means you're always checking elbows and knees. So you get to know what normal feels like so adding those little things in, and everyone's doing the same thing. And it's amazing what you can learn from other vets that do stuff and you're like, oh, never ever thought about doing that.

Pam Mosedale:

Excellent. What about when errors unfortunately, unfortunately errors do occur, with all the best will in the world they happen, what about when errors are happening in the practice? Do you discuss those in your QI meetings?

Lizzy Whiting:

So that usually comes up, I usually try and put that fairly early on into the discussion because it's the bit that everyone dreads, it's the bit that everyone's worried about getting blamed for something. I think it's very important that a QI meeting it's a no blame environment, it's a calm environment. We need to acknowledge that errors happen. We're human, dogs are dogs, cats are cats, you know, crazy things happen. There's always different things going on and different ways to get things wrong. And if we say we never make an error, then you're not being truthful to yourself. I think it it's cathartic in a way to say, look, this went wrong. This happened I did this, it was suboptimal. And getting support from your team members for them to say, Oh yeah, I did that as well. Or that happened to me only mine was worse.

So having that shared experience and then going, you know, it's okay, you know, you, it sounds like you did everything you could and things still went wrong. It happens. And so that can really help ease that mental burn of that worry about that problem that occurred. So sharing it is, is useful to the individual. If it is something that there'll be a way that we can alter our processes or alter guidelines or whatever, to prevent it happening again, then excellent. Feed that back. If it's a significant event, there's various support things on RCVS, on VDS that you can use to do an audit.

And sometimes it's the case that the QI meeting isn't the place to solve the problem. It's the place to go, this problem has occurred, you know, that's awful, let's do something about it. This team of two or three people, can you go off and investigate this event fully, get all the data, get all the facts. And then we can see, is there anything that we need to be doing different to prevent it happening again? Or was it just unfortunate? You know, you injected the dog with propofol and it dropped off the needle like you've given it Euthatal and that was awful. And we don't know why maybe it's because it was brachycephalic and they, unfortunately it occasionally happens or should we be looking at pre-oxidating, our brachys or whatever, whatever the situation happens to be, but actually being able to talk about it, if you wish to be involved in the process of investigating it, that can make you feel better about it, because you feel like you're being proactive. And then once you've bought your new system, you can then put it to bed. You don't have to keep revisiting it. This it's dealt with, it's done. You can move on.

Pam Mosedale:

Presumably once you've made those changes, you would monitor that. How would you tend to monitor changes that you've made?

Lizzy Whiting:

So it depends a little bit on the guideline and the protocol that's been well, the protocol has been put in place. So generally if we're writing a new guideline, you have the discussion bit, then we draft something out, do some research, go look in the library. Is there, is there any evidence to back up what we're doing? Draw up the protocol, give everyone a chance to read the evidence. Not everyone will want to get some people want to read every word. Some people are like, Oh yeah, you've looked up, there's a paper. That's fine. That'll do for me. Formulate guidelines, say, look, this is what we think. What do you guys think about this guideline? Get feedback. Oh, actually, is that a bit too detailed for us? Do we need to add this in and get a little bit of a feedback from that and then take it to the next thing?

So it can take a couple of meetings to get these sorted, take that to next week, right. This one I think is the completed guideline. Great. Well, we agreed on this. Fine. Let's put this into practice. Let's see how it works. Let's review it in a month or two months, depending on, you know, the frequency. If it's an anaesthetic thing, you'd probably review it more quickly. If it's something we don't see that often, it might be a little bit longer. Review it. Okay. Did this guideline work? Are you using it? Have you found any problems with it or are we still seeing same issue? It may be that the problem has warranted like a formal clinical audit and there's various support mechanisms on the RCVS CPD page for how to conduct a clinical audit. So it may be, for example, we had an episode a few years ago at my previous practice of dogs coughing after anaesthetic.

And I'd noticed I'd had a couple of post-op checks of coughing and my colleagues had a couple because we both put them on and was like, Oh, has anyone else had these? Oh yeah, I've had a few. And we actually, when we tallied it up, there was, there was quite a number. So we did a clinical audit of which anesthetic machine and which tubes and which personnel and things like that. And actually in the process of doing the audit, we, I think we changed the cleaning protocol of the tubes or something. I can't remember the details now. And we kind of fixed the problem in the precedent of the audit, but we had a review for that audit going forward. So there's, there's different ways of doing it, but yeah, you'd need to review these. And that comes in as part of the agenda at the beginning of the meeting, what have we done? What are we reviewed? Do we need to keep doing this?

Pam Mosedale:

Well, do you have a section where you'd look at any audits that you've got that were ongoing in the meeting?

Lizzy Whiting:

Yeah. So the clinical audit, you don't want to go into all the details in the meeting because it will just take up too much time. So having a separate team for your clinical audit, for whatever you want to be doing, post-op complications, there's some waiting times, all sorts of different things. So having a team that wants to run that audit is great and basically reporting back main findings in the QI meeting where they're up to and what's been going on and what data they've collected and do they need to still keep going? Do they need any extra support? Do they need

any more information? Things like that. So, yeah, kind of a report from the clinical audit in the QI meeting, but not the whole process.

Pam Mosedale:

Well, although I'm sure, probably, ideas for clinical audits come up too in QI meetings don't they.

Lizzy Whiting:

Absolutely. Yeah. And sometimes, you know, somebody will have noticed something down as like, okay, we need to track that. We need to look at that. Who wants to take this on? So the, the QI meeting is a time to delegate a sub teams, subcommittee or whatever you want to call it, a smaller team of people to go away and sort that particular problem. If you spread the workload out amongst the team, it's more likely to get done. If you just have one person trying to do everything they'll burn out and, you know, they need to do their own clinical work and all the other things that need to happen. So dividing it up works really nicely I find.

Pam Mosedale:

And that's a really interesting point that you say there, obviously these things do take time, don't they, to see improvement. It's something that takes time, but so how do you manage to fit it in with the rest of your working day?

Lizzy Whiting:

[Laughs] That's a good question! I'm the, I have a lot of stuff saved on the practice sort of shared database. So whichever consult room I'm in I can access things. So if I've got my action plan, I usually have that printed out. And if I know that when I look at my consult slots, for example and there's, you know, it's maybe not fully booked up, which actually doesn't happen at the moment with the current situation, but in normal times, you do get some days where there's just less work to do, who knows what reason that is. So I will try and open stuff up and do a little bit of work in any of those gaps. Sometimes, you know, you've been booked in a big op, and then for whatever reason, that's canceled, hasn't happened, whatever. And then, okay, so I had two hours assigned to doing this op and it's not happening.

Speaker 2:

Okay. I'm going to take that time to go and do some QI work. It may be that for some practices, it works better to have some admin time blocked off for them, that they actually have diary space to do that. It very much depends on the individual. So I personally am quite happy to just kind of slot into my day. I work part time. So I can be back to pick the kids up for school. So I'm, I'm always trying to cram a whole day's work into three quarters of a day! And the way I work that works for me. I know some of my colleagues like to have, I've got this hour and a half where I know I can address this issue and I've got the time to do it, and nobody's going to bother me doing anything else. So that's a very much a personality thing, I think.

Pam Mosedale:

Absolutely. But, it's good that it comes part of the normal day. Isn't it? I mean, quality should be part of the normal working day. It's great to have some dedicated time. And I think it's good to have that, especially for your meetings, but it should be, we should be able to do it during our day because it should be part of our normal work. Have you found the sort of bite-size CPD that you can get on RCVS Knowledge and QI resources? Have you found that useful?

Lizzy Whiting:

Yeah. Those little 20 minutes, like the significant event audit one I found really, really useful, because it was 20 minutes, this is nuggets of what you need to know. Go away, look at this. These are the links to the bits you need. Perfect. Really, really useful. So short and sweet 20 minutes you can fit into various different points of the time. It's amazing what you can do. You know, if you put your mind to it, if you know that that's something you want to achieve, you can fit it into your day, one way or another. And there's always going to be weeks where, you know, you're staying late and you've got a bazillion cases and they're all difficult. And then you'll have another week where it's a bit easier. Just the cycle of veterinary practice isn't it.

Pam Mosedale:

And we need to remember that we, that quality improvement and clinical governance is CPD as well. We can count it all, quality improvement meetings when we're discussing clinical things. You can count that to CPD. It can all go on your CPD app.

Lizzy Whiting:

Absolutely. And if you're researching a clinical guideline, you've spent, you know, half an hour looking at papers or reading the paper or whatever, it all counts, it's all learning. And it's directed learning research for, I dunno, a geriatric cat guideline. Put that down. ISFM that's another brilliant resource, really, really good.

Pam Mosedale:

That's right. Using them and then personalizing them to your practice situation. Excellent. Well you're so enthusiastic about it. That's brilliant. And I hope that you've really enthused other practices to be just as enthusiastic. Thank you very much for talking to me.

Lizzy Whiting:

That's all right. No problem. Thanks for having me.

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For further courses, examples and templates for quality improvement, please visit our quality improvement pages on our website at rcvsknowledge.org.